

## Kansas Supervised Loan Licensee 2023 Annual Report

CONSUMER AND MORTGAGE LENDING DIVISION 700 SW Jackson Street, Suite 300 Topeka, KS 66603

**INSTRUCTIONS:** Pursuant to K.S.A. 16a-1-101 et seq., all Supervised Loan Licensees are required to file an annual written report with the Office of the State Bank Commissioner (OSBC) on or before April 15th of each year. Complete the following information and return this form **by APRIL 15, 2024** via email to: licensing@osbckansas.org or mail to the OSBC at the address listed above. **When used herein, the term "PERIOD" is the entire calendar year of 2023.** 

City:

**License Number:** 

State:

Zip Code:

Rev. 3/2024

	I.	. KA	NSAS CONSUMER CREDIT BU	JSIN	IESS	
		CR	EDIT ORIGINATIONS (Non-Rea	l Est	tate)	
1	consumer credit s assignment during * Consumer loan	sales, a g the PE es whic	(#) and amount (\$) of all <u>Kansas</u> consumer loans*, and consumer lease contracts <u>made or taken by</u> ERIOD.  h exceed 36% original APR should be reported ligh-Rate Lending.		umber of htracts (#)	Dollar Volume (\$)
		1a	Enter Non-Real Estate Loans, Closed-End:			
		1b	Enter Non-Real Estate Loans, Open-End:			
		1c	Enter Credit Sales, Closed-End:			
		1d	Enter Credit Sales, Open-End:			
		1e	Enter Lease Contracts:			
		1f	Enter Other Credit Agreements:			
		Desc	cribe Other Credit Agreements listed in <b>1f</b> :			

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Due Date: 04/15/2024

Legal Name of Licensee:

Street Address:

	ODEDIT CEDVICING (Non Dool Estata)								
	CREDIT SERVICING (Non-Real Estate)								
2	cons	umer	v the number (#) and amount (\$) of all <u>Kan</u> loans*, consumer credit sales, and consur OR INDIRECTLY SERVICED <u>at the end</u> of						
			ʻpoint-in-time" figures, meant to reflect the size ol ership rights for Kansas non-real estate loans.						
	* Co	nsum	er loans which exceed 36% original APR : II – Kansas High-Rate Lending.	Number of Contracts (#)	Dollar Volume (\$)				
		2a	Enter All Non-Real Estate Loans Outst	anding on Dec. 31:					
		2b	Enter All Credit Sales Outst						
		2c	Enter All Leases Outst						
		2d	Enter Contracts SERVICED FOR OT						
	If data was entered in <b>2d</b> above, list all account owners below. Attach a				separate list if nece	ssary.			
		Servi	cer/Owner Name:	Address:					
	Servicer/Owner Name: Address:								
		2e	Enter Contracts SERVICED BY O	THERS on Dec. 31:					
		If data	a was entered in <b>2e</b> above, list all servicers t	pelow. Attach a separa	te list if necessary.				
		Servi	cer Name:	Address:					
	Servicer Name: Address:								
	II. KANSAS HIGH-RATE LENDING								
	ORIGINATIONS (High-Rate)								
3	Enter below the number (#) and amount (\$) of all <u>Kansas</u> PAYDAY LOANS* and VEHICLE TITLE LOANS* made during the PERIOD.								

	II. KANSAS HIGH-RATE LENDING							
	ORIGINATIONS (High-Rate)							
3	3 Enter below the number (#) and amount (\$) of all <u>Kansas</u> PAYDAY LOANS* and VEHICLE TITLE LOANS* <u>made</u> during the PERIOD.							
	(PAYDAY LOANS are n	Number of	Dollar Volume					
	* Report loans which	eed 36% original APR.	Contracts (#)	(\$)				
3a Enter PAYDAY Loans ma								
4 Enter below the number (#) and amount (\$) of all Kansas OTHER HIGH-RATE LOANS* made during the PERIOD. (OTHER HIGH-RATE LOANS do not include loans reported in 3a or 3b above.)  * Report loans which exceed 36% original APR.								

	SERVICING (High-Rate)							
5	loans OUT	s*, vehi STAND	w the number (#) and amount (\$) of all <u>Kansas</u> Payday cle title loans*, and other high-rate loans* SERVICED OR NING at the end of the PERIOD.  The same of the period of the PERIOD.	Number of Contracts (#)	Dollar Volume (\$)			
		5a	Enter PAYDAY Loans outstanding on Dec. 31:	, ,	(1)			
		5b	Enter VEHICLE TITLE Loans outstanding on Dec. 31:					
		5c	Enter OTHER HIGH-RATE Loans outstanding on Dec. 31:					

	III. TOTAL COMPANY ASSETS	Dollar Amount (\$)
6	Enter the dollar amount (\$) of the company's TOTAL ASSETS as of last fiscal year-end:	

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The following section should be completed by an Authorized Executive Officer of the Supervised Loan Licensee.

I hereby swear and affirm that the information contained herein is true and correct to the best of my knowledge and belief. Further, I understand that filing with the administrator any document or statement containing any false representation, inaccuracy, or omission may cause the Supervised Loan License to be denied, suspended, or revoked in accordance with K.S.A. 16a-1-101 et seq.

Print Name of Authorized Officer:	Signature of Officer:		Date:
Name of Person Completing this Form:	Email Address:	Phone	Number: