

## Kansas Supervised Loan Licensee

## 2024 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 <u>by APRIL 15, 2025</u> via email to: licensing@osbckansas.org. When used herein, the term "PERIOD" is the entire calendar year of 2024.

Legal Name of Licensee:			License Number: SL	
Street Address:	City:	Stat	e:	Zip Code:

I. KANSAS CONSUMER CREDIT BUSINESS							
	CREDIT ORIGINATIONS (Non-Real Estate)						
1	1       Enter below the number (#) and amount (\$) of all Kansas consumer loans*, consumer credit sales, and consumer lease contracts made or taken by assignment during the PERIOD.         * Consumer loans which exceed 36% original APR should be reported in Section II – Kansas High-Rate Lending.       Number of Contracts (#)						
		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:				
10		1e	Enter Lease Contracts:				
		1f	Enter Other Credit Agreements:				
	Describe Other Credit Agreements listed in <b>1f</b> :						

	CREDIT SERVICING (Non-Real Estate)						
2	Enter below the number (#) and amount (\$) of all <u>Kansas</u> non-real consumer loans*, consumer credit sales, and consumer lease cor DIRECTLY OR INDIRECTLY SERVICED <u>at the end</u> of the PERIOD. ( <i>These are "point-in-time" figures, meant to reflect the size of the servicing p</i>						
	and/	or owne	rship rights for Kansas non-real estate loans.		Number of	Dollar Volume	
			er loans which exceed 36% original APR s II – Kansas High-Rate Lending.	hould be reported	Contracts (#)	(\$)	
		2a	Enter All Non-Real Estate Loans Outsta	anding on Dec. 31:			
		2b	Enter All Credit Sales Outsta	anding on Dec. 31:			
		2c	Enter All Leases Outsta	anding on Dec. 31:			
		2d	Enter Contracts SERVICED FOR OT	HERS on Dec. 31:			
		If data	a was entered in <b>2d</b> above, list all account ow	vners below. Attach a	separate list if neces	ssary.	
		Servio	cer/Owner Name:	Address:			
		Servio	cer/Owner Name:	Address:			
		2e	Enter Contracts SERVICED BY OT	HERS on Dec. 31:			
		If data	a was entered in <b>2e</b> above, list all servicers b	te list if necessary.	•		
		Servio	cer Name:	Address:			
		Servio	cer Name:	Address:			

II. KANSAS HIGH-RATE LENDING					
	ORIGINATIONS (High-Rate)				
3	B 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 made pursuant to K.S.A. 16a-2-404 et seq.) * <b>Report Ioans which exceed 36% original APR.</b>			Number of Contracts (#)	Dollar Volume (\$)
	3a Enter PAYDAY Loans made:				
<b>3b</b> Enter VEHICLE TITLE Loans made:					
<ul> <li>Enter below the number (#) and amount (\$) of all <u>Kansas</u> OTHER</li> <li>HIGH-RATE LOANS* <u>made</u> during the PERIOD.</li> <li>(OTHER HIGH-RATE LOANS do not include loans reported in 3a or 3b above.)</li> <li>* Report loans which exceed 36% interest.</li> </ul>					
	Report loans which	4a	Enter OTHER HIGH-RATE Loans made:		

## SERVICING (High-Rate) Enter below the number (#) and amount (\$) of all Kansas Payday 5 loans\*, vehicle title loans\*, and other high-rate loans\* SERVICED OR OUTSTANDING at the end of the PERIOD. Dollar Volume Number of Contracts (#) (\$) \* Report loans which exceed 36% original APR. Enter PAYDAY Loans outstanding on Dec. 31: 5a Enter VEHICLE TITLE Loans outstanding on Dec. 31: 5b Enter OTHER HIGH-RATE Loans outstanding on Dec. 31: 5c

III. TOTAL COMPANY ASSETS	
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Dollar Amount (\$)

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

ATTESTATION AND SIGNATURE						
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:				