



Department of Commerce, Community and Economic Development
 Division of Banking & Securities
 PO Box 110807
 Juneau, AK 99811-0807

907-465-2521 Telephone

907-465-1230 Fax

Please email to: loanentity.licensing@alaska.gov

Annual Report Payday Lender (Deferred Deposit Advance Business)
 AS 06.50.310 & 3 AAC 11.050

NMLS ID:	<input type="text"/>	Licensee:	<input type="text"/>
Address:	<input type="text"/>		
Primary Contact:	<input type="text"/>		
Email:	<input type="text"/>		
Telephone:	<input type="text"/>	Fax:	<input type="text"/>

Beginning January 1st	<input type="text"/>
Ending December 31st	<input type="text"/>

This report must be completed for the most recent calendar year and filed with the Division no later than March 15.

Note: A separate annual report must be filed for each licensed held:

Company, Branch, Mobile App or Website (Even if transaction volume is zero)

Total Advances made between January 1st and December 31st:	License Numer: AK-	<input type="text"/>
a. Number of Advances: **	<input type="text"/>	
b. Dollar Amount: **	<input type="text"/>	
Number of Customers Issued Advances during Calendar Year: **	<input type="text"/>	
Number of New Customers Issued Advances during the Calendar Year: **	<input type="text"/>	
Minimum Advance Issued: **	<input type="text"/>	
Maximum Advance Issued: **	<input type="text"/>	
Average Amount of all Advances Issued: **	<input type="text"/>	
Average Annual Percentage Rate (APR) Charged: **	<input type="text"/>	
Average Number of Days of an Advance Issued:	<input type="text"/>	
Average Number of Advances Per Customer: **	<input type="text"/>	

Returned Items (includes NSF items, hard copy or electronic):	
Total Number of Returned Items	<input type="text"/>
Total Dollar Amount of Returned Items	<input type="text"/>
Total Number of Returned Items Paid by Advance Recipients	<input type="text"/>
Total Dollar Amount of Returned Items Paid by Advance Recipients	<input type="text"/>
Total Number of Returned Items Charged Off	<input type="text"/>
Total Dollar Amount of Returned Items Charged Off	<input type="text"/>

Payment Plan (AS 06.50.550(a)(2)):	
Number of Advance Recipients Offered Payment Plan	<input type="text"/>
Average Number of days of Payment Plans Entered Into	<input type="text"/>
Number of Advance Recipients:	<input type="text"/>
Whose Payment Obligations Assigned to 3rd Party for Collections	<input type="text"/>
Against Whom Licensee Initiated Court Action under AS 06.50.550(b)	<input type="text"/>

****Note: Must Include Outstanding Advances Made as Of December 31**

Note: Report the Principal Amount of All Outstanding Advances as of December 31, **Do Not Include Fees**

Outstanding Advances Issued:

Between \$0-\$100.00	Number:	
	Dollar:	
Between \$100.01-\$200.00	Number:	
	Dollar:	
Between \$200.01-\$300.00	Number:	
	Dollar:	
Between \$300.01-\$400.00	Number:	
	Dollar:	
Between \$400.01-\$500.00	Number:	
	Dollar:	
Over \$500.01	Number:	
	Dollar:	
Total Outstanding Advances	Number:	
	Dollar:	

I, _____ (Full Name), _____ (Title/Position), am an officer or a control person of _____ (Licensee), do hereby declare that this Annual Report (including any supporting schedules) for this report date are true and correct.

On this _____ (MM/DD/YYYY), I verify that I am the named person above and that I am authorized to attest to and submit this filing on behalf of the Licensee. I solemnly swear (or affirm) under the penalty of perjury or un-sworn falsification to authorities, or similar provisions as provided by law that I have reviewed the foregoing responses, have made diligent inquiry as to their accuracy, and they are true and correct to the best of my knowledge, information, and belief.

(Signature of Officer/Control Person)

(Printed name of Officer/Control Person)