



Conventional Loan Licensee
20____ Annual Report
ORS 725.190

A separate report must be filed for each license.

Licensee

NameLicense #

License

Location.....Manager.....

	Number of Loans	Amount
1. Unpaid loans at beginning of year.....

	Number of Loans	Amount
2. Loans made during year:		
a. Loans of \$50,000 or less
b. Loans over \$50,000
TOTAL loans made

3. Outstanding (unpaid) loans at end of year

	Max. APR	Avg. APR	Maximum loan made	Number of Loans	Amount
4. Loans classified by primary collateral					
a. Automobiles
b. Personal Property
c. Real Estate
d. Unsecured Notes
e. Revolving Open-end
f. Other _____

5. Total Loans defaulted during the year:.....
 (provide processes for defaults, more than one may apply)

a. Collected in full .....	.....	.....
b. No action started yet .....	.....	.....
c. Collateral repossessed .....	.....	.....
d. Court action instituted .....	.....	.....
e. --Money judgments obtained (include court costs and fees) .....	.....	.....
f. Loans renewed or restructured .....	.....	.....
g. Charged off .....	.....	.....

6. Number of borrowers filing bankruptcy

**20____ Annual Report
Supplemental page**

Licensee
NameLicense #
License
Location.....Manager.....

Did this location close? Date of closure:.....

Please attach a list of all fees charged, include fee type, and maximum and average amounts charged.

Per OAR 441-730-0320, the following is to be provided with the annual report if the Division was not previously notified. Have there been any changes to the following:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Ownership of 10% or more |
| <input type="checkbox"/> | <input type="checkbox"/> | Criminal convictions of any corporate director, officer or owner of 10% or more |
| <input type="checkbox"/> | <input type="checkbox"/> | Business plan |
| <input type="checkbox"/> | <input type="checkbox"/> | Experienced person(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | Qualified person(s) or manager(s) |

If yes, please provide exact details. Attach additional sheets as needed.

Contact information for person who prepared the attached report:

Contact Name.....Title.....
Address.....
City, State, Zip.....
Direct Telephone.....Direct e-mail.....