



CONSUMER FINANCE LICENSEE
20__ ANNUAL REPORT
2010 Oregon Laws — Chapter 23 (SB 993)

A separate report must be filed for each license.

Licensee name: _____ License number: _____
 License location: _____ Manager name: _____

				Number of loans	Amount	
1.	Unpaid loans at beginning of year:			_____	_____	
2.	Loans made during year:			_____	_____	
	a. Loans of \$50,000 or less:			_____	_____	
	b. Loans more than \$50,000:			_____	_____	
	TOTAL loans made:			_____	_____	
3.	Outstanding (unpaid) loans at end of year:			_____	_____	
4.	Loans classified by primary collateral:			_____	_____	
		Max. APR	Avg. APR	Maximum loan made	Number of loans	Amount
	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 default; 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: _____					

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7. Did this location close: Yes No Date of closure: ___ / ___ / ___

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

The following must be provided if the division was not previously notified.

9. Have there been any changes to the following:

Yes No

- Ownership of 10 percent or more
 Criminal convictions of any corporate director, officer, or owner of 10 percent or more
 Business plan
 Experienced people
 Qualified people or managers

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

Multiple horizontal lines for providing details.

Contact information of person who prepared this report:

Contact name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: - - _____ E-mail: _____