



STATE OF MONTANA • DEPARTMENT OF ADMINISTRATION  
**DIVISION OF BANKING AND FINANCIAL INSTITUTIONS**  
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## CONSUMER LOAN ANNUAL REPORT OF LICENSEE

Engaged in the Business of Making Regulated Loans  
Under the Montana Consumer Loan Act

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Each licensee is required by Montana law to submit an annual report of its operations (32-5-308, MCA). Be sure to report only information pertaining to business conducted under the Montana Consumer Loan Act. **Report only loans made to Montana residents.**

**Important:** The report must be filed on or before **April 15<sup>th</sup>** each year. Failure to submit a report on time or in the required format will cause the Department to begin proceedings to initiate an enforcement action against your license, which may include suspension or revocation and a fine.

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### ANNUAL REPORTS CAN BE SENT BACK TO THE DIVISION BY EMAIL, MAIL, OR FAX.

**REGULAR MAIL:**

Division of Banking & Financial  
Institutions  
P.O. Box 200546  
Helena, MT 59620-0546

**OVERNIGHT MAIL:**

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301 South Park, Suite 316  
Helena, MT 59601

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### REPORTING ENTITY

Name of Licensee \_\_\_\_\_

NMLS Company ID Number \_\_\_\_\_ Number of MT-licensed branches \_\_\_\_\_

**Please check the box(es) that indicate the activities performed in MT:**

Originate Consumer Loans       Service Consumer Loans (receive payments)

Check here if NO consumer loan *origination* was done in MT in the reporting year.

Check here if NO consumer loan *servicing* was done in MT in the reporting year.

**IF BOTH BOXES ARE CHECKED (INDICATING THAT NO BUSINESS WAS DONE IN MONTANA IN THE REPORTING YEAR), PLEASE PROCEED TO PAGE 3 AND COMPLETE THE CREDIT INSURANCE SECTION AND THE AFFIDAVIT.**

*"Consumer loan" means credit offered or extended to an individual primarily for personal, family, or household purposes, including loans for personal, family, or household purposes that are not primarily secured by a mortgage, deed of trust, trust indenture, or other security interest in real estate. (32-5-102 (2)(a), MCA)*

Statement of Montana Loan Activity for the Year

	<u>Number</u>	<u>Amount (\$)</u>
1. Originated Montana Loans	_____	_____
2. Serviced Montana Loans	_____	_____
<b>3. <u>Type of Loans</u></b>	<b><u>Number Originated</u></b>	<b><u>Number Serviced</u></b>
a. Unsecured	_____	_____
b. Household goods	_____	_____
c. Vehicles	_____	_____
d. Mobile Home	_____	_____
e. Real Estate	_____	_____
f. Student Loan	_____	_____
g. Other*	_____	_____
<b>h. Total</b>	_____	_____
	<i>(must agree with line 1)</i>	<i>(must agree with line 2)</i>

\*Please list other: \_\_\_\_\_

Servicing Activity

	<u>Number</u>	<u>Amount (\$)</u>
4. Wholly Owned Loans Serviced	_____	_____
5. Subservicing for Others	_____	_____
6. Subservicing by Others	_____	_____
7. <b>Total Loans Serviced</b>	_____	_____
	<i>(must agree with line 3h)</i>	

Delinquency Status as of 12/31 of Reporting Year

	<u>Number</u>	<u>Amount (\$)</u>
8. Loans 0-30 days' delinquent (including non-delinquent)	_____	_____
9. Loans 31-60 days delinquent	_____	_____
10. Loans 61-90 days delinquent	_____	_____
11. Loans +90 days delinquent	_____	_____
<b>12. Total Loans Serviced</b>	_____	_____
	<i>(must agree with line 7)</i>	

### Legal Action

**Note:** Borrowers' accounts may be listed in more than one of the following classifications.

	<u>Number</u>	<u>Amount (\$)</u>
13. Suits for Recovery		
a. Instituted during the period	_____	_____
b. Settled before judgment during the period	_____	_____
14. Possession of security obtained by the licensee		
a. Household goods	_____	_____
b. Vehicles	_____	_____
c. Mobile homes or real estate	_____	_____
d. Other	_____	_____
15. Sales of security obtained by licensee		
a. Number of sales	_____	_____
b. Amount due	_____	_____
c. Amount collected	_____	_____

### Credit Insurance Information

16. Total net charges to borrowers for credit life insurance placed by Licensee \$\_\_\_\_\_.
- A. Total premiums remitted to insurers for credit life insurance \$\_\_\_\_\_.
- B. Total number of loans \_\_\_\_\_ and total of loan balances \$\_\_\_\_\_ paid by credit life insurance proceeds.
- C. Total commissions or dividends received from insurers for credit life insurance placed by licensee \$\_\_\_\_\_.
17. Total net charges to borrowers for credit disability insurance placed by Licensee \$\_\_\_\_\_.
- A. Total premiums remitted to insurers for credit disability insurance \$\_\_\_\_\_.
- B. Total number of loans \_\_\_\_\_ and total credit disability insurance proceeds applied on loan balances \$\_\_\_\_\_.
- C. Total commissions or dividends received from insurers for credit disability insurance placed by licensee \$\_\_\_\_\_.
18. Total net charges to borrowers for loss of income insurance placed by Licensee \$\_\_\_\_\_.
- A. Total premiums remitted to insurers for loss of income insurance \$\_\_\_\_\_.
- B. Total number of loans \_\_\_\_\_ and total loss of income insurance proceeds applied on loan balances \$\_\_\_\_\_.
- C. Total commissions or dividends received from insurers for credit disability insurance placed by licensee \$\_\_\_\_\_.

Profit and Loss Statement

\_\_\_\_ Please attach the company's profit and loss statement and balance sheet for the reporting year.

Affidavit

I, \_\_\_\_\_, \_\_\_\_\_ of  
*(Name)* *(Title)*

\_\_\_\_\_  
*(Company)* certify that to the best of my knowledge and belief, the information contained in this submission is true, accurate and complete for the period described in the Consumer Loan Annual Report of Licensee filing.

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 company.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*

Company Contact in Regards to This Report

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_