## Oregon Department of Consumer and Business Services Division of Financial Regulation

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dfr.oregon.gov



## PAYDAY / TITLE LICENSEE 20\_\_ ANNUAL REPORT ORS 725A/OAR 441-735

If you are a broker/facilitator making referrals only, complete only 2, 14, and 15. A separate report must be filed for each license.

Lic	ensee name:	License number:						
Lic	ense location:	Manager name:						
	Number of title loans	Amount	Number of payday loans <sup>1</sup>	Amount				
1.	Unpaid loans at beginning of year:							
2.	Loans made or referred during year:							
3.	Unpaid loans at end of year:							
4.	Loans rolled over once:							
5.	Loans rolled over twice:							
6.	Loans that defaulted during the year:(Provide processes for defaults; more than one may apply.)	_						
	a. Collected in full:							
	b. Collateral repossessed:		NA	NA				
	c. Payment plan arranged:							
	d. Court action instituted:							
	e. Money judgments obtained:							
	f. Charged off:							
7.	a. Maximum loan made:							
	b. Average loan amount:							
8.	a. Maximum finance charge used:	per \$100	per \$100					
	b. Average finance charge:	per \$100	per \$100					
9.	a. Maximum APR used (%):	%	%					
	b. Average APR (%):	%	<u></u> %					
10.	Number of borrowers who filed for bankruptcy:		····					
11.	Number of consumers who received 5 or fewer loans <sup>2</sup> du							
12.								
13.	Number of consumers who received 11 or more loans du							

<sup>&</sup>lt;sup>2</sup> For purposes of questions 11-13, don't count a rollover as a loan to that consumer.



<sup>&</sup>lt;sup>1</sup> For purposes of this report, "payday loan" includes any short-term loan that is not a title loan, whether or not a check was taken as security for the loan.

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14.	Did t	his locat	cion close?	Yes	☐ No	Date of closure:				
15.	5. The following must be provided if the division was not previously notified.  Have there been any changes to the following:									
	Yes No									
		Direct 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, provide exact details. Attach additional sheets as needed.										
Contact information of person who prepared this report:										
Contact name:										
A	ddres	ss:								
Ci	ty:						State:	ZIP:		
Pho	ne:					Email:				

