

# ADJUSTMENT SERVICE COMPANY ANNUAL REPORT

License Number:  
Due Date: March 31, 2025



State of Wisconsin  
Department of Financial Institutions  
Division of Banking

PO Box 7876  
Madison, WI 53707-7876  
Telephone: (608) 261-7578  
FAX: (608) 267-6889

4822 Madison Yards Way  
North Tower  
Madison, WI 53705  
dfi.wi.gov

FOR YEAR ENDING DECEMBER 31, 2024

## Schedule A – General Information

1. Name of licensee. If the licensee uses a trade name or DBA (doing business as) name, include that name as well.

2. Are the office quarters of the licensed location(s) shared with any other business? Yes ☐ No ☐  
If yes, explain the type(s) of other business.

3. List any other activities conducted, services provided, or products sold at or from the licensed location:

4. Provide the contact information for the person to whom questions regarding this report should be addressed:

First Name:		Last Name:		Title:
Street:			City:	
State:	Zip:	Telephone Number:	E-mail:	

5. ☐ Check this box to confirm that you have verified that the direct owners, indirect owners, executive officers, and directors with the ability to direct management policies and/or access trust accounts are up-to-date and accurate on NMLS.

**Notice:** This form is required under Wis. Stat. s. 218.02. Refusal to fully and accurately provide the information required below may result in the revocation of a license. Personally identifiable information on this form may be matched against tax information, data regarding delinquent child and family support and unemployment insurance obligations, and law enforcement records. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

6. ☐ Check this box to confirm that the licensee's responses to the disclosure questions found on the NMLS Company Form (MU1) are up-to-date and accurate.
7. ☐ Check this box to confirm that each owner/officer/control person's responses to the disclosure questions found on their NMLS Biographical Statement and Consent Form (MU2) are up-to-date and accurate.

### Schedule B – Wisconsin Operations

For the Year Ending December 31, 2024

Provide the following information relative to your **Wisconsin** activity.

	Amount		Amount
Escrowed WI funds balance as of 12/31/23	1. \$	Remittances made on behalf of WI debtors in 2024	4. \$
Payments received from WI debtors in 2024	2. \$	Fees earned & deducted from the 2024 payments	5. \$
		Escrowed WI funds balance as of 12/31/24	6. \$
<b>TOTAL (line 1 + line 2)</b> <b>Total on line 3 MUST match line 7</b>	3. \$	<b>TOTAL (line 4 + line 5 + line 6)</b> <b>Total on line 7 MUST match line 3</b>	7. \$

Account Analysis:

Number of Wisconsin debtor accounts on 12/31/23	#
Number of Wisconsin debtor accounts on 12/31/24	#

### CERTIFICATION

I hereby certify that the statements in this annual report are correct and true.

(Name) (Title) (Authorized Signature) (Date)

Return completed reports to one of the following addresses:

**E-mail:**

DFI\_LFS@wi.gov

**Mailing Address:**

Wisconsin Department of Financial Institutions  
P.O. Box 7876  
Madison, WI 53707-7876

**Courier Address:**

Wisconsin Department of Financial Institutions  
North Tower  
4822 Madison Yards Way  
Madison, WI 53705