

PAYDAY LENDER ANNUAL REPORT

Due Date:
March 31, 2026



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, 2025

Instructions: Provide the information requested for each of the following items. Enter "N/A" if an item is not applicable.

Notice: This form is required under Wis. Stat. s. 138.14. 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.

- 1. Licensee Name and Nationwide Multistate Licensing System (NMLS) ID number. If the licensee uses one or more trade names or doing business as (DBA) names, include each DBA.

Form with fields for Licensee Name and NMLS ID.

- 2. Provide the following information for the person to whom questions regarding this report should be addressed:

Form with fields for First Name, Last Name, Title, Telephone Number, and E-mail.

- 3. Are office quarters of any licensed location shared with any other business? [ ] Yes [ ] No
If yes, identify the location and describe the type(s) of other business.

Empty text box for response to question 3.

- 4. Excluding lending, are any other activities conducted, services provided, or products sold at any licensed location? [ ] Yes [ ] No
If yes, identify the location and describe the other activities conducted, services provided, or products sold.

Empty text box for response to question 4.

- 5. Identify the total number of payday loans outstanding on 12/31/25. Only report loans made in Wisconsin or with Wisconsin customers. This total should include Wisconsin transactions originated by the licensed legal entity and Wisconsin transactions originated under any and all trade names or DBA names used by the licensed legal entity.

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- 6. Identify the total outstanding loan balances of all payday loans outstanding on 12/31/25. Only report loans made in Wisconsin or with Wisconsin customers. This total should include Wisconsin transactions originated by the licensed legal entity and Wisconsin transactions originated under any and all trade names or DBA names used by the licensed legal entity. Loan balances should be reported net of unearned finance charges.

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7.  Check this box to confirm that you verified that the direct owners, indirect owners, and executive officers identified on the NMLS are up-to-date and accurate.
8.  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.
9.  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.

**CERTIFICATION**

I, \_\_\_\_\_, the undersigned, am employed by, or am an officer or a control person of,  
 (Print Name)

\_\_\_\_\_. I certify that I have reviewed the  
 (Name of Licensee)

foregoing responses, have made diligent inquiry as to their accuracy, and they are true and correct to the best of my knowledge.

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

\_\_\_\_\_  
 (Title)

\_\_\_\_\_  
 (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