

**PAYDAY LENDER ANNUAL REPORT****Due Date:**  
**March 31, 2025**

State of Wisconsin  
Department of Financial Institutions  
Division of Banking

PO Box 7876                      4822 Madison Yards Way  
Madison, WI 53707-7876       North Tower  
Telephone: (608) 261-7578      Madison, WI 53705  
FAX: (608) 267-6889           **dfi.wi.gov**

**FOR YEAR ENDING DECEMBER 31, 2024****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. Name of licensee. If the licensee uses one or more trade names or doing business as (DBA) names, include each DBA.

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2. Provide the following 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:		

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.

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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.

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5. Identify the total number of payday loans outstanding on 12/31/24. 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 12/31/24. 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 Nationwide Multistate Licensing System (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 hereby certify that the statements in this annual report are correct and true.

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