

SELLER OF CHECKS ANNUAL REPORT**Due Date:**
March 15, 2024

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, 2023

1. Name of licensee. If the licensee uses one or more trade names or doing business as (DBA) names, also include those.

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2. Name, title, address, telephone number, and e-mail address of person to whom questions regarding this report should be addressed:

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

3. Licensee's website address:

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4. Number of agents in Wisconsin that were authorized to transmit money or sell your checks, money orders, stored value, or similar instruments as of 12/31/2023.....# _____
5. Complete the following chart for the time period from 1/01/2023 to 12/31/2023.

	Number (#) of checks, money orders, stored value, or similar instruments issued or sold	Dollar amount of checks, money orders, stored value, or similar instruments issued or sold
In Wisconsin		\$
In All States and Countries (including Wisconsin)		\$
	Number (#) of money transmittals	Dollar amount of money transmittals
In Wisconsin		\$
In All States and Countries (including Wisconsin)		\$

6. Number of money transmittals, checks, money orders, stored value, or similar instruments issued or sold in Wisconsin that were unredeemed as of December 31, 2023.....# _____

Amount in dollars.....\$ _____

Notice: This form is required under Wis. Stat. ch. 217. 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.

7. The following questions must be answered by a duly authorized representative (key officer, member, partner or owner) of the licensee. Mark an "X" in the appropriate box. If you answer "Yes" to any question, give all details on a separate sheet. "Key Officers" include the chief executive officer, chief operating officer, president, executive or senior vice president, secretary, and treasurer. If your company has not previously filed an annual report with the Division of Banking, the questions should be answered for the time period since your license application was submitted.

Yes **No**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Since filing your previous annual report, has any key officer, member, partner or owner been convicted of any misdemeanor or felony (other than minor traffic offenses) in this state or any other state? Provide details about the misdemeanor or felony, including but not limited to conviction, conviction date, penalty and court. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there any felony or misdemeanor charges (other than minor traffic offenses) pending against any key officer, member, partner or owner in this state or any other state? Provide details about the pending charges, including but not limited to charge, date and court. |
| <input type="checkbox"/> | <input type="checkbox"/> | Since filing your previous annual report, has the licensee or any key officer, member, partner or owner been the subject of disciplinary action including, but not limited to, civil forfeitures, cease and desist orders, injunctions, license suspensions, denials, revocations, warnings, reprimands, enforcement actions, probation and limitations by any federal or state regulatory agency, including this agency? Provide details about the disciplinary action, including but not limited to date, regulatory agency and type of discipline. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is disciplinary action pending against the licensee or any key officer, member, partner or owner by any federal or state regulatory agency, including this agency? Provide details, including but not limited to action and regulatory agency. |
| <input type="checkbox"/> | <input type="checkbox"/> | Since filing your previous annual report, has the licensee or any key officer, member, partner or owner surrendered, resigned, cancelled or been denied a professional license or other credential in this state or any other state? Provide details, including but not limited to date, credential and state. |
| <input type="checkbox"/> | <input type="checkbox"/> | Since filing your previous annual report, has the licensee or any key officer, member, partner or owner been the subject of derogatory credit (bankruptcy, judgment, tax lien, collections, etc.)? Provide details, including but not limited to date, circumstances and court or agency. |
| <input type="checkbox"/> | <input type="checkbox"/> | Since filing your previous annual report, has the licensee been the subject of any suit, claim, or other civil action in this state or any other state that involved a violation of the federal consumer credit protection act or any state statute that governs a credit transaction and that was settled, or included a ruling or decision not in the licensee's favor? Provide a description of the suit, claim, or other civil action, agency or court, date filed, and outcome. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is a suit, claim or other civil action pending against the licensee in this state or any other state that involves a violation of the federal consumer credit protection act or any state statute that governs a credit transaction? Provide details, including but not limited to agency or court and date. |
| <input type="checkbox"/> | <input type="checkbox"/> | Since filing your previous annual report, has any key officer, member, partner or owner been the subject of any suit, claim, or other civil action in this state or any other state that was settled, or included a ruling or decision not in the individual's favor? Provide a description of the suit, claim, or other civil action, agency or court, date filed, and outcome. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is a suit, claim or other civil action pending against any key officer, member, partner or owner in this state or any other state? Provide details, including but not limited to agency or court and date. |
| <input type="checkbox"/> | <input type="checkbox"/> | Since filing your previous annual report, have any key officers, members, partners, or owners of the licensee also been a key officer, member, partner, or owner of another company that was the subject of disciplinary action while that individual was a key officer, member, partner or owner of the other company? Disciplinary action includes, but is not limited to, civil forfeitures, cease and desist orders, injunctions, license suspensions, denials, revocations, warnings, reprimands, enforcement actions, probation, and limitations by any federal or state regulatory agency, including this agency. Provide details about the disciplinary action, including but not limited to company name, date, regulatory agency, and type of discipline. |

8. Identify the type(s) of products and/or services that will be offered to Wisconsin residents by the licensee. Do not include products or services being sold by the licensee on behalf of another company as its agent. Mark all that apply.

☐

Money Transmission

☐

Travelers Checks

☐

Money Orders

☐

Stored Value Products

☐

Drafts

☐

Bill Payment Services

☐

Virtual Currency

☐

Other (Please Specify)

9. ☐ Check this box to confirm that you have verified that the direct owners, indirect owners, and executive officers identified on the Nationwide Multistate Licensing System (NMLS) are up-to-date and accurate.

AFFIDAVIT

I, _____, the undersigned, being the duly authorized representative of
(Print Name of Key Officer/Member/Partner/Owner)

_____ hereby certify that each statement and representation in this
(Name of Licensee)

annual report is true and correct to the best of my knowledge.

(Signature of Key Officer/Member/Partner/Owner) (Title) (Date)

SUBSCRIBED AND SWORN TO BEFORE ME ON

THIS _____ DAY OF _____, 2024.

(Notary Public)

My Commission Expires _____

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