

ADJUSTMENT SERVICE COMPANY ANNUAL REPORT

License Number:
Due Date: **March 15, 2024**



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, 2023

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. Licensee's website address, if any:

3. 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.

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

5. 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:	

6. 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.

QUESTIONNAIRE

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 Officer" includes 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.

- | | <u>Yes</u> | <u>No</u> | |
|----|--------------------------|--------------------------|---|
| 1. | <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. |
| 2. | <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. |
| 3. | <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. |
| 4. | <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. |
| 5. | <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. |
| 6. | <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. |
| 7. | <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 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 licensee's or individual's favor? Provide a description of the suit, claim, or other civil action, agency or court, date filed, and outcome. |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Is a suit, claim or other civil action pending against the licensee or 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. |
| 9. | <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. |

SCHEDULE B - TRUST FUND ACCOUNT STATUS

Provide the requested information for each **trust** account your company has. Attach additional pages if necessary.

Trust Account Number	Bank Name

SCHEDULE C – WISCONSIN OPERATIONS

For the Year Ending December 31, 2023

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

	Amount		Amount
Escrowed WI funds balance as of 12/31/22	1. \$	Remittances made on behalf of WI debtors in 2023	4. \$
Payments received from WI debtors in 2023	2. \$	Fees earned & deducted from the 2023 payments	5. \$
		Escrowed WI funds balance as of 12/31/23	6. \$
TOTAL (line 1 + line 2) Total on line 3 MUST match line 7	3. \$	TOTAL (line 4 + line 5 + line 6) Total on line 7 MUST match line 3	7. \$

Account Analysis:

Number of Wisconsin debtor accounts on 12/31/22	#
Number of Wisconsin debtor accounts on 12/31/23	#

AFFIDAVIT

I, _____, the undersigned, being the duly authorized representative
 (Print Name of Key Officer/Member/Partner/Owner)
 of _____ hereby certify that each statement and representation
 (Name of Licensee)
 in this annual report form, and all of the attachments, 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 _____