



STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION
DIVISION OF FINANCIAL INSTITUTIONS
CONSUMER CREDIT SECTION

ANNUAL REPORT

OF
Licensees under Consumer Installment Loan Act

IMPORTANT NOTICE

This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined in Ill. Rev. Statutes Chapter 17. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.

YOUR REPORT MUST BE COMPLETED ANNUALLY AND RECEIVED ON OR BEFORE MARCH 1ST

TO:

**ILLINOIS DEPARTMENT OF
FINANCIAL & PROFESSIONAL REGULATION
DIVISION OF FINANCIAL INSTITUTIONS
CONSUMER CREDIT SECTION
122 S. Michigan Ave, 19th Floor
Chicago, IL 60603**

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**ANNUAL REPORT TO THE DIVISION OF FINANCIAL INSTITUTIONS
FOR THE YEAR ENDED DECEMBER 31, 20__**

To Be Filed On Or Before MARCH 1ST By All Companies Engaged In Business Under The Consumer Installment Loan Act (CILA) In The State Of Illinois. **Include Data On Any Licenses Surrendered That Were Active In Liquidating Receivables During The Year.**

We encourage you to use the automated data entry form that is available on our website, www.state.il.us/dfi, or on disk by calling 217-782-3704. The automated form is very easy to use, will save you lots of time, and will reduce the chance of you submitting a report with errors.

READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS REPORT.

REPORTING ENTITY

1. Name of Licensee _____
 License Number _____ FEIN Number _____
2. Is this a Consolidated Report? _____
 Number of Licensed Offices Included In This Report: _____
 Number of Limited Purpose Branches Included In This Report: _____
3. Check One: Corporation _____ Partnership _____ Association _____ Sole Proprietorship _____ LLC _____
4. Place of Business _____ | _____ | _____
 (City, State) (Telephone)
5. Basis of Computing Interest Charges: (check all that apply) Simple Interest _____ Precomputation _____
6. Number of Employees Within The State At Year End: Full Time _____ Part Time _____
 *E-MAIL ADDRESS: _____

**SCHEDULE A
PROFIT PERCENTAGES
(ROUND OFF ALL CURRENCY TO NEAREST DOLLAR.)**

RATE OF RETURN

7. Average Net Receivables Outstanding
8. Net Income (Must Match Item 38 in Schedule B)
9. Rate of Return (Line 8 divided by Line 7)

ANALYSIS OF CHARGES

10. Charges Collected/Earned (must match schedule B)
11. Average Monthly Rate Collected

ANALYSIS OF EXPENSE PER ACCOUNT

12. Average Number of Accounts Outstanding
13. Total Expenses (Must Match Item 37 in Schedule B)
- 13a. Average Monthly Expense Per Account

	CILA Under \$25,000	OTHER BUSINESS AUTHORIZATION S	TOTAL
7. Average Net Receivables Outstanding			
8. Net Income (Must Match Item 38 in Schedule B)			
9. Rate of Return (Line 8 divided by Line 7)			
10. Charges Collected/Earned (must match schedule B)			
11. Average Monthly Rate Collected			
12. Average Number of Accounts Outstanding			
13. Total Expenses (Must Match Item 37 in Schedule B)			
13a. Average Monthly Expense Per Account			

SCHEDULE B
STATEMENT OF INCOME AND EXPENSE
FOR THE PERIOD OF JANUARY 1 THROUGH DECEMBER 31, 20__
(ROUND OFF TO NEAREST DOLLAR.)

	CILA Under \$25,000	OTHER BUSINESS AUTHORIZATION	TOTAL
INCOME			
14. Charges Collected and/or Earned (Must Match Item 10 in Schedule A)			
15. Other Income (Itemized)			
(a) Recording Fees			
(b) Interest on Bank Balance			
(c) Insurance Income			
(d) All Other Income			
16. Total Operating Income			
EXPENSES			
17. Advertising			
18. Auditing			
19. Bad Debts			
(a) Charge-offs			
(b) DEDUCT: Collections on accounts			
(c) Additions to Reserve for Bad Debts			
20. Depreciation and Amortization			
21. Insurance & Fidelity Bonds			
22. Legal Fees & Disbursements			
23. Postage, Printing Stationery & Supplies			
24. Rent, Janitorial Services & Utilities			
25. Salaries of Officers, Owners & Partners			
26. Salaries of all other Employees			
27. Taxes – Other Than Income			
28. License Fees			
29. Telephone & Telegraph			
30. Travel, Auto Expense & Allowance			
31. Supervision and Administration (When not allocated to other items)			
32. All Other Expenses			
33. Interest Paid on Borrowed Funds			
34. Total Expenses Before Income Taxes			
35. Income Before Income Taxes			
36. Income Taxes			
(a) State			
(b) Federal			
37. Total Expenses [Item 34+Item 36(a)&(b)] (Must Match Item 13 in Schedule A)			
38. Net Income (Item 16 less Item 37) (Must Match Item 8 in Schedule A)			

**SCHEDULE C
STATEMENT OF ASSETS
AS OF DECEMBER 31, 20**
(ROUND OFF TO NEAREST DOLLAR)

	CILA Under \$25,000	All Other Business Authorizations	TOTAL
39. Cash on Hand and in Banks			
40. Short Term Investments			
41. Receivables			
(a) Gross Receivables			
(b) Less Unearned Charges			
(c) Net Receivables			
(must match 59 in schedule E)			
(d) Less Reserve for Bad Debts			
(e) Adjusted Net Receivables			
42. Total Liquid & Earning Assets			
43. Real Estate			
(Cost Less Reserve for Depreciation)			
44. Furniture, Fixtures & Autos			
(Less Reserve for Depreciation)			
45. Other Assets Useful in the Business			
46. TOTAL ASSETS			

**SCHEDULE D
DELINQUENCY AND LEGAL ACTION SUMMARY
FOR THE PERIOD OF JANUARY 1 THROUGH DECEMBER 31, 20__
ROUND OFF ALL CURRENCY TO NEAREST DOLLAR**

47. Accounts With No Payments Either Of Principal Or Of Charges For:
- (a) 60-89 Days
 - (b) 90 Days or More
 - (c) Total
 - (d) Delinquency As A Percent of Gross Outstanding Loans

CILA under \$25,000		Other Business Authorizations	
Number of Accounts	Principal Balances	Number of Accounts	Principal Balances

48. Accounts On Which A Bankruptcy Notice was received During the Year
- (a) Chapter 13
 - (b) All Other Chapters
 - (c) Total

CILA under \$25,000		Other Business Authorizations	
No.	Principal Balance	No.	Principal Balance

49. Number of Wage Assignments Filed

OTHER
CILA _____ BUSINESS _____

50. Suits For Recovery Of Judgment
- (a) Pending At Beginning Of Year
 - (b) Instituted During Year
 - (c) Settled Before Judgment
 - (d) Judgment Obtained
 - (e) Pending At Year End
 - (f) Real Estate Foreclosure

CILA under \$25,000		Other Business Authorizations	
No.	Principal Balances	No.	Principal Balances

SCHEDULE D
CONTINUED
DELINQUENCY AND LEGAL ACTION SUMMARY
FOR THE PERIOD OF JANUARY 1 THROUGH DECEMBER 31, 20__
ROUND OFF ALL CURRENCY TO NEAREST DOLLAR

	CILA under \$25,000		Other Business Authorizations	
	No.	Principal Balances	No.	Principal Balances
51. Possession Of Security Obtained By License				
(a) Household Goods				
(b) Motor Vehicle				
(c) Other Chattels				
(d) Real Estate				
TOTAL				

	Household Goods	Motor Vehicle	Other Chattels	Real Estate
52. Sale of Security By Licensees				
(a) Number				
(b) Amount Due				
(c) Amount Collected				

SCHEDULE E
RECONCILIATION OF OUTSTANDING LOANS

	CILA under \$25,000		Other Business Authorizations	
	No.	Principal Balances	No.	Principal Balances
53. Outstanding Loans At The Beginning of Year				
54. Loans Made During The Year				
55. Loans Purchased During The Year				
56. TOTAL				
57. Loans Charged Off During The Year				
58. Loans Sold During The Year				
59. Loans Outstanding At Year End/ Net Receivables (Must Match Item 41c In Schedule C)				
60. TOTAL				
61. Collection of Principal During The Year (Item 56 less 60)				

SCHEDULE F
DISTRIBUTION OF LOANS BY SIZE AND TYPE OF SECURITY
FOR THE PERIOD OF JANUARY 1 THROUGH DECEMBER 31, 20__
(ROUND OFF ALL CURRENCY TO NEAREST DOLLAR)

CILA under \$25,000		Other Business Authorizations	
No.	Principal Balances	No.	Principal Balances
62. Distribution By Size			
(a) \$1,000 or less			
(b) \$1,001 to 3,000			
(c) \$3,001 to 5,000			
(d) \$5,001 to 10,000			
(e) \$10,001 to 25,000			
(f) \$25,001 and over			
TOTAL LOANS MADE (Must match Line 54 in Schedule E)			

CILA under \$25,000		Other Business Authorizations	
No.	Principal Balances	No.	Principal Balances
63. Distribution By Type Of Security-Based In Whole Or Larger Part On:			
(a) Household Goods			
(b) Motor Vehicle			
(c) Household Goods And Motor Vehicles			
(d) Other Chattels			
(e) Co maker Endorsed Or Guaranteed			
(f) Wage Assignments			
(g) Unsecured			
(h) Real Estate			
TOTAL LOANS MADE (Must match Line 54 in Schedule E)			

SUPPLEMENTAL INFORMATION
FOR THE PERIOD OF JANUARY 1 THROUGH DECEMBER 31, 20__
(ROUND OFF ALL CURRENCY TO NEAREST DOLLAR)

64. Sales Finance

(a) Number of Contracts Purchased					
(b) Total Dollar Amount of Contracts Purchased	\$				
(c) Total Gross Income	\$				
(d) Total Losses Charged-Off	\$				
(e) Delinquent Accounts As of 12/31					
1. 60-89 Days	No.		Unpaid Balances	\$	
2. 90 Days And Over	No.		Unpaid Balances	\$	
(f) Number of Repossessions					

65. Loans Over \$25,000.00

(a) Total Loans Outstanding As of As of December 31	No.		Unpaid Balances	\$	
(b) Losses Charged Off	No.		Unpaid Balances	\$	
(c) Delinquent Accounts As of 12/31					
1. 60-89 Days	No.		Unpaid Balances	\$	
2. 90 Days And Over	No.		Unpaid Balances	\$	

66. Business Loans

(a) Loans Made During Year	No.		Unpaid Balances	\$	
(b) Total Loans Outstanding As of December 31	No.		Unpaid Balances	\$	
(c) Losses Charged Off	No.		Unpaid Balances	\$	
(d) Delinquent Accounts As of 12/31 No Payment Either Of Principal Or Charges For:					
1. 60-89 Days	No.		Unpaid Balances	\$	
2. 90 Days And Over	No.		Unpaid Balances	\$	

SUPPLEMENTAL INFORMATION (CONTINUED)
FOR THE PERIOD OF JANUARY 1 THROUGH DECEMBER 31, 20__
(ROUND OFF ALL CURRENCY TO NEAREST DOLLAR)

67.	Income Tax Preparation	
	(a) Number of Tax Forms Prepared	_____
	(b) Total Charges Collected For Service	\$ _____
68.	Motor Club	
	(a) Number of Memberships Sold	_____
	(b) Total Gross Charges For Membership	\$ _____
	(c) Total Income To Licensee From Sale of Memberships	\$ _____
69.	Insurance	
	(a) Credit Life or Credit Disability Insurance	_____
	1. Company Name	_____
	2. Total Premiums Charged	\$ _____
	3. Total Income to Licensee	\$ _____
	(b) Property Insurance	
	1. Company Name	_____
	2. Total Premiums Charged	\$ _____
	3. Total Income to Licensee	\$ _____
	(c) Unemployment Insurance	
	1. Company Name	_____
	2. Total Premiums Charged	\$ _____
	3. Total Income to Licensee	\$ _____
	(d) Other Insurance	
	1. Type	_____
	2. Company Name	_____
	3. Total Premiums Charged	\$ _____
	4. Total Income to Licensee	\$ _____
	(e) Other Insurance	
	1. Type	_____
	2. Company Name	_____
	3. Total Premiums Charged	\$ _____
	4. Total Income to Licensee	\$ _____

**ANNUAL REPORT TO THE DIVISION OF FINANCIAL INSTITUTIONS
FOR THE YEAR ENDED DECEMBER 31, 20__**

AFFIDAVIT

STATE OF _____

COUNTY OF _____

I, _____, the undersigned, being the
_____ of the _____

licensee, swear (or affirm) that, to the best of my knowledge and belief, the statements contained in this report, including the accompanying schedules and statements (if any), are true, and that the same is a true and complete statement in accordance with the law.

(CORP. SEAL)

Subscribed and Sworn to before me this _____ day of _____ A.D. 20__

My Commission expires _____

(Notary Seal)

Notary Signature