

**COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION  
BUREAU OF FINANCIAL INSTITUTIONS  
ANNUAL REPORT OF MONEY TRANSMITTERS  
FOR THE YEAR ENDING DECEMBER 31, 2011**

(1) Licensee's Name and Mailing Address	(2) Name and Mailing Address of Parent Company (if any)
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(3) Name of Contact Person for any questions about this report: \_\_\_\_\_ Title \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

(4) Name of Licensee's Compliance Officer: \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

(5) Name of Contact Person for scheduling examinations: \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

(6) Name of Person to Contact Regarding Complaints Received: \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

(7) Licensee's Website Address (if any): \_\_\_\_\_  
 (8) Number of authorized delegates (ADs) in Virginia \_\_\_\_\_ Number of AD locations in Virginia \_\_\_\_\_

(9) Itemize all states in which the licensee conducts business, along with the applicable license number in each state. (Attach a separate sheet of paper, if necessary.)

<u>State</u>	<u>License #</u>	<u>State</u>	<u>License #</u>	<u>State</u>	<u>License #</u>	<u>State</u>	<u>License #</u>	<u>State</u>	<u>License #</u>
1. _____	_____	4. _____	_____	7. _____	_____	10. _____	_____	13. _____	_____
2. _____	_____	5. _____	_____	8. _____	_____	11. _____	_____	14. _____	_____
3. _____	_____	6. _____	_____	9. _____	_____	12. _____	_____	15. _____	_____

(10) For licensees that operate through authorized delegates (ADs), list the address of each AD location, as well as the total volume of Virginia money transmission and money order sales business conducted on behalf of the license at each AD location during the calendar year. Licensees with more than 25 AD locations should report only the 25 locations with the highest volume of Virginia business. (Attach an additional sheet of paper, if necessary.)

<u>Authorized Delegate Location (Address)</u>	<u>Annual Virginia Business Volume</u>	
	<u>Money Transmission</u>	<u>Money Order Sales</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____

(11) List all of the licensee's: **(1) directors; (2) senior officers; (3) partners; and (4) principal owners** (an individual which owns 10 percent or more of the licensee, either **directly or indirectly**), indicating the percentage of ownership for each person or entity. (Attach a separate sheet of paper, if necessary.)

Name	Title	Check applicable title(s)					# Shares Owned	% Owned
		Senior Officer	Director	Partner	Manager	Trustee		

Itemize any individuals and/or companies not listed above with a ten percent or greater ownership interest, **direct or indirect**, in the licensee, including beneficial owners.

Name and Address	Number of Shares Owned	Percentage Ownership

(12) Provide the following information with respect to business conducted pursuant to Chapter 19 of Title 6.2 of the Code of Virginia during the calendar year (Virginia Business Only):

	TOTAL VOLUME:	TOTAL NUMBER:
Money Order Sales for the year:	\$ _____	_____
Outstanding checks at year-end:	\$ _____	_____
Sales of Money Transmission Services (including stored value) for the year:	\$ _____	_____
Outstanding Money Transmission Agreements at year-end:	\$ _____	_____

(13) Does the licensee transmit funds outside of the United States?  Yes  No If answered Yes, please itemize the countries to which the licensee transmits funds and state the approximate percentage of Virginia business directed to each country. (Attach a separate sheet of paper, if necessary.)

<u>Country</u>	<u>% of VA business</u>	<u>Country</u>	<u>% of VA business</u>	<u>Country</u>	<u>% of VA business</u>
1. _____	_____	5. _____	_____	9. _____	_____
2. _____	_____	6. _____	_____	10. _____	_____
3. _____	_____	7. _____	_____	11. _____	_____
4. _____	_____	8. _____	_____	12. _____	_____

(14) Does the licensee sell stored value cards?  Yes  No If answered Yes, state the percentage of total Virginia money transmission business that involves the sale of stored value: \_\_\_\_\_%

(15) Has the licensee had its renewal refused or its license suspended or revoked in any state during the calendar year?  
 \_\_\_\_Yes \_\_\_\_No If answered Yes, please explain on a separate sheet of paper and attach it to this form.

(16) Has the licensee been subject to any enforcement or other regulatory action(s) by state or federal authorities during the calendar year?  
 \_\_\_\_Yes \_\_\_\_No If answered Yes, please explain on a separate sheet of paper and attach it to this form.

(17) Has there been a felony indictment or criminal conviction of any principal officer, director, member, partner or trustee of the licensee or any individual with a 10 percent ownership interest in the licensee during the calendar year?  
 \_\_\_\_Yes \_\_\_\_No If Yes, please explain on a separate sheet of paper and attach it to this form.

(18) Has the licensee or any principal officer, director, member, partner or trustee, or individual with a 10 percent or more ownership interest in the licensee, direct or indirect, filed a petition for bankruptcy or reorganization during the calendar year?  
 \_\_\_\_Yes \_\_\_\_No If Yes, please explain on a separate sheet of paper and attach it to this form.

(19) *Please attach the following items to this report:*

A. *The most recent audited financial statement of the licensee. If the audited report of the most recent fiscal year is not yet available, indicate the date by which it is anticipated to be completed: \_\_\_\_\_*

**(Please be advised that a written request for permission to submit the audited financial report past the April 15 deadline must be submitted to the Commissioner prior to the deadline, along with the reasons for the delay. The Commissioner will, for good cause shown, grant such requests in writing. No extensions will be granted for the filing of the annual report form itself and the remaining required information.)**

B. *A copy of the company's most recent surety bond renewal. If the company has executed a deposit agreement in lieu of surety bond coverage, a letter from the bank, stating the current market value of the securities, must accompany the annual report.*

C. *A copy of the acknowledgement letter from Department of the Treasury which shows that the licensee is currently registered as a Money Services Business.*

D. *A copy of the licensee's agreement used with Virginia authorized delegates, if applicable.*

**AFFIDAVIT**

State of \_\_\_\_\_)

County or City of \_\_\_\_\_)

I, \_\_\_\_\_, being the \_\_\_\_\_  
 (Name of Officer of Licensee) (Title)

of \_\_\_\_\_ swear or affirm that, to the best of my information  
 (Name of Licensee)

and belief, the facts in this report, including any accompanying schedules and statements, are true.

\_\_\_\_\_  
 Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
 Notary Public

Registration Number of Notary: \_\_\_\_\_

My commission expires: \_\_\_\_\_