

E. J. FACE, JR.
COMMISSIONER OF
FINANCIAL INSTITUTIONS



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**STATE CORPORATION COMMISSION
BUREAU OF FINANCIAL INSTITUTIONS**

December 19, 2008

TO THE MONEY TRANSMITTER LICENSEE ADDRESSED

§ 6.1-373 of the Code of Virginia requires Virginia licensees conducting money transmission business to file an annual report with the State Corporation Commission. Reports covering operations during the preceding calendar year are to be filed not later than April 15. The Statute does not provide for an extension of the filing deadline.

Please complete the attached annual report form and file it along with the required attachments with the Bureau of Financial Institutions, 1300 East Main Street, Suite 800, P. O. Box 640, Richmond, Virginia 23218-0640. Incomplete reports cannot be accepted for filing and will be returned. Attachments should be submitted on 8 1/2" x 11" pages. The same report form may also be downloaded from our website at www.scc.virginia.gov/bfi.

Please note, all money transmission licensees are required to submit **current audited financial statements** with the attached annual report form.

If you have any questions concerning the annual report, you may contact Karen Heede at (804) 371-9372.

Very truly yours,

Nicholas C. Kyrus
Deputy Commissioner

attachment

**COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION
BUREAU OF FINANCIAL INSTITUTIONS
ANNUAL REPORT OF MONEY TRANSMITTERS
FOR THE YEAR ENDING DECEMBER 31, 2008**

(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) Licensee's Website Address (if any): _____
 (7) Number of licensee's agents in Virginia _____

(8) Itemize all states in which the licensee conducts business. (Attach a separate sheet of paper, if necessary.)

(9) List the street address(es) at which the licensee provides services or the licensee has agents providing services for Virginia residents pursuant to the Virginia Money Order and Sales Act. **Indicate whether locations are operated by agents or employees.** (Attach a separate sheet of paper, if necessary.)

(10) List all the **directors and senior officers, partners and principal owners** (10 percent, **direct or indirect**, ownership or more) of the licensee, indicating the percentage of ownership for each person or entity. (Attach a separate sheet of paper, if necessary.)

<u>Name and Title</u>	<u>Percentage Ownership (If applicable)</u>

(11) Provide the following information with respect to business conducted pursuant to the Virginia Money Order Sales Act 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 for the year:	\$ _____	_____
Outstanding Money Transmission Agreements at year-end:	\$ _____	_____

(12) 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. _____	_____

(13) 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: _____%

(14) 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.

(15) Has the licensee been subject to any enforcement 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.

(16) 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.

(17) Has the licensee or any principal officer, director, member, partner or trustee or individual with a 10 percent or more, direct or indirect, ownership interest in the licensee 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.

- (18) *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: _____*
 - B. *Current (less than 90 days old) internal financial statements of the licensee, including an income statement and balance sheet.*
 - C. *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.*
 - D. *A copy of the acknowledgement letter from Department of the Treasury which shows that the licensee is currently registered as a Money Services Business.*
 - E. *A copy of the licensee's agency agreement used with Virginia agents, 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: _____