

COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION  
BUREAU OF FINANCIAL INSTITUTIONS

ANNUAL REPORT OF AN  
INDIVIDUAL MORTGAGE LOAN ORIGINATOR  
PURSUANT TO VIRGINIA REGULATION 10VAC5-161-60  
FOR THE YEAR ENDING DECEMBER 31, 2014

Bureau of Financial Institutions  
1300 East Main Street, Suite 800  
Post Office Box 640  
Richmond, Virginia 23218-0640

- |  |                           |
|--|---------------------------|
| 1. Name and mailing address of Mortgage Loan Originator<br>_____<br>_____<br>_____ | 2. NMLS number _____      |
|  | 3. E-Mail address _____   |
|  | 4. Telephone number _____ |

5. If currently employed, provide answers below concerning your employment

- (a) Current Employer's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_ Employer's NMLS Number \_\_\_\_\_  
 \_\_\_\_\_ (if applicable)
- (b) Is your employer exempt from licensing in Virginia as mortgage lender and/or broker Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes" to Question 5 b

- (c) Is your employer engaged in selling dwellings unattached to land in Virginia (mobile homes, trailers, etc.)  
 Yes \_\_\_\_\_ No \_\_\_\_\_

6. Provide the number and dollar volume of mortgage loans you originated in Virginia as an **employee of an entity exempt from licensing** in Virginia

Total Number of Loans for 2014 \_\_\_\_\_ Total Virginia Loan Volume for 2014 \$ \_\_\_\_\_

**AFFIDAVIT**

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

I, \_\_\_\_\_,  
(Name of Mortgage Loan Originator)

swear or affirm that, to the best of my information and belief, the facts in this report, including any accompanying schedules and statements, are true.

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

\_\_\_\_\_  
Signature

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

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

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