

**COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION
BUREAU OF FINANCIAL INSTITUTIONS
ANNUAL REPORT OF MONEY TRANSMITTERS
FOR THE YEAR ENDING DECEMBER 31, 2015**

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

1. Name and mailing address of licensee:

2. Virginia License Number:

3. Provide the name, title, address, **telephone number, fax number and e-mail address** for the individual to be contacted with respect to:

(A) Questions which may arise from this report:

(B) Scheduling Examinations:

(C) Consumer Complaints:

4. During 2015, did the licensee notify the Commissioner, in writing, of the name, address, and position of each new senior officer, member, partner, or director? If not, provide the required information in a separate written statement.

YES _____ NO _____ N/A _____

5. Describe any transactions that occurred in 2015 which resulted an individual or entity acquiring, directly or indirectly, 25 percent or more of the ownership of the licensee. Attach additional 8 ½" x 11" paper if necessary.

6. During 2015, did the licensee comply with the reporting requirements described in § 6.2-1917 and 10VAC5-120-40 C? If not, provide a separate written statement describing such events and their expected impact upon the business of the licensee. Answer "yes" if no such reportable events occurred during the year or if all such events have previously been reported.

YES _____ NO _____

7. 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:	\$ _____	_____
Sales of Money Transmission Services (including stored value) for the year:	\$ _____	_____

8. Please attach the the audited financial statement of the most recent 12 month fiscal year 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.)

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
(Money Transmitter Licensee)

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

Signature of Officer of Licensee

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

Registration Number of Notary: _____

My commission expires: _____