

**COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION
BUREAU OF FINANCIAL INSTITUTIONS
ANNUAL REPORT OF MONEY TRANSMITTERS
FOR THE YEAR ENDING DECEMBER 31, 2019**

**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 questions which may arise from this report:

(A) Questions which may arise from this report:

(B) Scheduling Examinations:

(C) Consumer Complaints:

4. During 2019, 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 2019 which resulted an individual or entity acquiring, directly or indirectly, 25 percent or more of the ownership of the licensee. Attach additional 8 1/2" x 11" paper if necessary.

6. During 2019, did the licensee comply with the reporting requirements described in § 6.2-1917 and 10VAC5-120-40 B? 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. 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.

Authorized Delegate Location (Address)	Annual Virginia Business Volume	
	Money Transmission	Money Order Sales
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. _____	_____	_____

8. 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:	\$ _____	_____

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: _____
