

**STATE OF MINNESOTA
ANNUAL REPORT OF CONSUMER FINANCE COMPANIES
CONSUMER SMALL LOAN LENDERS
TO THE COMMISSIONER OF COMMERCE
AS OF DECEMBER 31, 2010**

NOTE: List only Minnesota activity on the following pages:

Licensee: _____

Address: _____

Check One:
Consolidated
Individual

Manager: _____

License Number: _____ Telephone No. (____) _____

**CONSUMER SMALL LOAN ACTIVITY REPORT
For the year ended December 31, 2010**

	Number	Amount
1. Small Loan Balance Beginning		
2. Small Loans Made		
3. Total (Add lines 1 & 2)		
4. Small Loans Paid-In-Full		
5. Small Loans Charged Off		
6. Total Liquidations (Add lines 4 & 5)		
7. Ending Balance (Line 3 - Line 6)		

SCHEDULE I

**MINNESOTA CONSUMER SHORT-TERM LOANS
FOR PERIOD ENDED DECEMBER 31, 2010**

- 2a. Total dollar amount, over and above principal, collected on consumer short-term loans _____.
- 2b. Average annual percentage rate for consumer short-term loans _____.
- 2c. Range of annual percentage rates for consumer short-term loans _____ to _____.
- 2d. Number of individual borrowers who obtained one or more consumer short-term loans _____.

Breakdown of the number of individual borrowers (identified in 2d) by the number of individual borrowers who obtained:

- 2e. 5 or more loans * _____
- 2f. 10 or more loans * _____
- 2g. 15 or more loans * _____
- 2h. 20 or more loans * _____
- 2i. Total number of consumer short-term loans charged or written off _____.
- 2j. Total dollar amount of consumer short-term loans charged or written off _____.

* NOTE: A borrower receiving a number of consumer short-term loans would be included on each applicable line above (2e through 2h). For instance, an individual borrower obtaining **16** loans during the period would be included in the totals on lines 2e, 2f and 2g (not on line 2h for 20 or more loans received).

This affidavit must be executed, if a corporation, by a duly authorized officer of such corporation, or by a partner, if a partnership, or by owner, if an individual.

AFFIDAVIT

State of _____

County of _____

I, _____ of the _____ swear (or affirm) that to the best of my knowledge and belief, the figures contained in this report, (4 pages) are true and that the same is true and complete statement in accordance with the law.

Signed _____

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, _____.

Notary Public Signature

NOTARY SEAL

State of _____

County of _____

My Commission Expires _____

Contact Persons for the following: (Include title, address, phone & fax number (800) if avail, and E-mail address).

Annual Report _____

Complaints _____

Billings _____

Notice of Change of Management _____

List of Branch Offices (Include address, phone number and branch manager). Add additional pages as needed.

Branch #1: (address) _____

(phone) _____
(manager) _____

Branch #2: (address) _____

(phone) _____
(manager) _____

Branch #3: (address) _____

(phone) _____
(manager) _____

Branch #4: (address) _____

(phone) _____
(manager) _____