

Annual Report Payday Lender (Deferred Deposit Advance Business) AS 06.50.310 3 AAC 11.050

Department of Commerce, Community and Economic Development Division of Banking & Securities PO Box 110807 Juneau, AK 99811-0807

907-465-2521 Telephone

907-465-1230 Fax

License Number	Licensee	
Address		
Daine and Cambrid		
Primary Contact Email		
		Fax
Telephone		rax
Beginning	; January 1st	
	ecember 31st	_
· ·		year and filed with the Division no later than March 15.
<u>-</u>	Note: A separate annual report must l	
	**Note: Must Include Outstanding Adv	vances Made as Of December 31
Total Advances made l	between January 1st and December 31st:	Please email: financialinstitution@alaska.gov
a. Number	of Advances**	
b. Dollar A	amount**	
Number of Customers	Issued Advances during Calendar Year**	
Minimum Advance Iss	ued**	
Maximum Advance Iss	sued**	
Average Amount of all		
· ·	ntage Rate (APR) Charged**	
Average Number of Da	ays of an Advance Issued	-
Paturnad Itams (includ	es NSF items, hard copy or electronic):	
Total Number of Returne	, 0	
Total Dollar Amount of R		
	d Items Paid by Advance Recipients	
	eturned Items Paid by Advance Recipients	
Total Number of Returne	, ,	-
Total Dollar Amount of Returned Items Charged Off		-
	<u> </u>	
ayment Plan (AS 06.5	0.550(a)(2)):	
Number of Advance Recipients Offered Payment Plan		
Average Number of days of Payment Plans Entered Into		
Number of Advance Ro	_	
-	Assigned to 3rd Party for Collections	-
against Whom Licensee Init	iated Court Action under AS 06.50.550(b)	

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Note: Report the Principal Amount of All Outstanding Advances as of December 31, **Do Not Include Fees**

Outstanding Advances	s Issued:	
Between \$0-\$100.00		
Number		
Dollar		
Between \$100.01-\$200.	.00	
Number		
Dollar		
Between \$200.01-\$300.	.00	
Number		
Dollar		
Between \$300.01-\$400.	.00	
Number		
Dollar		
Between \$400.01-\$500.	.00	
Number		
Dollar		
Over \$500.01		
Number		
Dollar		
Total Outstanding Adv	vances	
Number		
Dollar		
T	(Euli Nama)	(Title/Position), am an officer or a control person of
1,	(Licensee) do hereby decl	lare that this Annual Report (including any supporting schedules) for
this report date are true	(Licensee), do hereby deci	rare that this Alinual Report (including any supporting schedules) for
uns report date are truc	e and correct.	
On this	(MM/DD/YYYY), I verify	that I am the named person above and that I am authorized to attest to
and submit this filing o	on behalf of the Licensee. I solemn	aly swear (or affirm) under the penalty of perjury or un-sworn
falsification to authori	ties, or similar provisions as provid	ded by law that I have reviewed the foregoing responses, have made
diligent inquiry as to tl	heir accuracy, and they are true and	d correct to the best of my knowledge, information, and belief.
(Signature of	f Officer/Control Person)	(Printed name of Officer/Control Person)
(2151141410 01		(1 11110 of Officer, College)

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