



Charles G. Cooper  
Commissioner

## 2018 ANNUAL REPORT FOR MONEY SERVICES BUSINESSES (MSB) LICENSE NO. \_\_\_\_\_

**License Type (Check One):**  Currency Exchange  Money Transmission

**1. License Name:** \_\_\_\_\_

**2. Any d/b/a or assumed name utilized in Texas (if applicable):**

\_\_\_\_\_

**3. Licensee's Principal Business Office:** (if changed from prior year filing)

Street Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**4. Address at which licensee keeps its books and records (if different from answer to Question 3):**

Street Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**5. Primary Contact Person (if changed from prior year filing):**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Office phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_



**8. Select the products or services to be offered directly to Texas consumers under this license (mark all that apply).**

**\*NOTE:** Do not include services offered as an authorized delegate of another MSB.

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Money Transmission | <input type="checkbox"/> Money Orders | <input type="checkbox"/> Currency Transportation |
| <input type="checkbox"/> Traveler's Checks  | <input type="checkbox"/> Drafts       | <input type="checkbox"/> Currency Exchange       |
| <input type="checkbox"/> Bill Pay           | <input type="checkbox"/> Gift Cards   | <input type="checkbox"/> Prepaid Access Products |

Other (explain): \_\_\_\_\_

**9. Service is to be provided through (indicate the number of all that apply):**

- \_\_\_\_\_ Company Owned Outlets  
\_\_\_\_\_ Independent Authorized Delegates  
\_\_\_\_\_ On-Line/Internet  
\_\_\_\_\_ Other (explain): \_\_\_\_\_

**10. Indicate the number of locations in Texas: \_\_\_\_\_**

- \_\_\_\_\_ Company Owned Outlets  
\_\_\_\_\_ Authorized Delegates

**11. Security**

Provide security information. Submit a copy of the **most recent** surety bond, irrevocable letter of credit, or deposit in lieu of bond if not previously submitted to the Department. Be sure to include most current change riders (if applicable).

Issuer: \_\_\_\_\_

Type: \_\_\_\_\_

Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Expiration (if applicable): \_\_\_\_\_

Check if security documents are uploaded to NMLS

12. Provide a copy of the most current assumed name certificate filed with the Secretary of State and/or County Clerk.

13. **Regulatory Actions**

Has the license holder been subject to any regulatory actions by any agency (enforcement actions, consent orders, etc.) since the previous annual report filing?

Yes       No

If yes, provide a copy of the action if not previously submitted to the Department.

14. **Material Changes**

Detail any material changes to the license holder's business plan, products, or services since the previous annual report. Attach supporting documentation, if applicable.

15. **COMPLETE IF YOU HOLD A CURRENCY EXCHANGE LICENSE:**

Provide the following information relating to your volume of currency exchange business conducted from the period of **January 1, 2017 to December 31, 2017** for all your locations, including non-traditional currency exchange, if applicable. Additionally, complete **Exhibit A**.

a. Number of currency exchange transactions involving sales of U.S. Dollars:

\_\_\_\_\_

b. Total dollar amount of currency exchange transactions involving sales of U.S. Dollars:

\$ \_\_\_\_\_

**16. COMPLETE IF YOU HOLD A MONEY TRANSMISSION LICENSE:**

Provide the following information relating to your Texas volume of money transmission business (transmission of funds, money orders, bill payment, prepaid access, etc.) currency exchange business for the period of **January 1, 2017 to December 31, 2017** for all your locations, including your Texas On-Line (Internet) activity. Additionally, complete **Exhibit B.**

- a. Number of Texas money transmission transactions conducted: \_\_\_\_\_
- b. Total dollar amount of Texas money transmission transactions: \$\_\_\_\_\_
- c. Number of Texas currency exchange transactions involving sales of U.S. Dollars (if applicable): \_\_\_\_\_
- d. Total dollar amount of Texas currency exchange transactions involving sales of U.S. dollars (if applicable). \$\_\_\_\_\_
- e. Grand total number of Texas money transmission and currency exchange transactions:  
(a & c) \_\_\_\_\_
- f. Grand total in dollars of Texas money transmission and currency exchange transactions conducted in Texas (b & d): \_\_\_\_\_

**Annual Report Acknowledgement**

I sign the foregoing Annual Report as a principal officer of the license holder, having full authority to sign such Annual Report in said capacity. I affirm I have read the Annual Report Application and the attached exhibits, and all information contained therein is true and correct and no material fact has been omitted. I affirm that the license holder is familiar with and will abide by the provisions of Chapter 151 of the Texas Finance Code.

Annual Report Submitted by: \_\_\_\_\_  
(Printed Name) (Title)  
\_\_\_\_\_  
(Signature) (Date)



**EXHIBIT B**

**(Complete if you hold a Money Transmission License)**

1. Submit or upload a copy of the audited financial statement dated as of the last day of the license holder’s fiscal year that ended in the immediately preceding calendar year.
  
2. Calculate tangible net worth. \*Effective September 1, 2017 at least 50 percent of the license holder’s minimum net worth required under Section 151.307(a) of the Texas Finance Code must be tangible net worth. A person holding a money transmission license on September 1, 2017 who was not in compliance with the net worth requirements of Section 151.307 of the Texas Finance Code, as amended, shall comply with the net worth requirements not later than September 1, 2022.

Total Net Worth: \_\_\_\_\_

(Less) Intangible assets: \_\_\_\_\_

Tangible net worth: \_\_\_\_\_

3. Submit an electronic file or upload a Microsoft Excel file that includes the below item headings for each of your physical Texas locations (company owned branches and authorized delegates, including authorized delegates that have multiple locations) for the period of January 1, 2017 to December 31, 2017. \*Online operations in Texas do not count as physical locations.

**The excel spreadsheet headings must include the items listed below for each column exactly as indicated.**

| <b>Required Item Headings</b> | <b>Instructions</b>  |
|-------------------------------|--|
| ID                            | Branch or Authorized Delegate (AD) Number  |
| Name                          | Name, Branch or AD   |
| Address                       | Branch or AD Street Address  |
| City                          | Branch or AD City  |
| State                         | Branch or AD State   |
| Zip Code                      | Branch or AD Zip Code  |
| Phone                         | Branch or AD Telephone Number  |
| Services                      | Type of MSB services offered by Branch or AD   |
| Sales                         | Branch or AD Aggregate Sales for the 2017 Calendar Year for all money transmission services offered under your license (include currency exchange if applicable), i.e. money orders, prepaid cards, etc. |
| Activated                     | Date Branch or AD was “Activated”  |
| Terminated                    | Date Branch or AD was “Terminated”   |

**NOTE:** Before importing the agent excel files the excel file must be formatted accordingly with the items listed under the “Required Item Headings.” Also, ensure the excel spreadsheet headings start on row one and the data begins on row two.