For Use as a Worksheet Only -- Do Not Send to the Department!

State of New Jersey
Department of Banking & Insurance

Annual Report Worksheet for Sales Finance Companies

Year Ending December 31, 2015

New Jersey Department of Banking & Insurance
Division of Banking
Attn: Kristen Graham -- 5th floor
20 West State Street
Trenton, NJ 08625-0040

NJ License Reference Number: _____

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Licensee Demographics

The online application will populate the associated fields with the data currently found in our Licensing System.
All information requested below will be required by the online application (unless indicated otherwise.)

NJ License Reference Number: _____

(This is the 7-digit identification number found on your licensing certificate, followed by one of the following type codes: C30, P30, or I30.)

Licensee Name: _____

Business Address: _____

_____

_____

_____

Telephone Number: _____

FAX Number: _____

Business E-mail: _____

Every licensee **must** include their official business e-mail address in their annual report according to N.J.A.C. 3:23-4.1. Failure to supply your official business e-mail address will result in a failure to comply with the annual report filing.

Note: All licensees who were actively licensed in New Jersey for any period of time from January 1, 2015 through December 31, 2015 are required to file an annual report. You are required to file an annual report even if you did no business in 2015. Audited financial statements are not required to complete your annual report.

If you were actively licensed on December 31, 2015, your annual report must reflect the total activity of your New Jersey business as of the end of 2015.

If you surrendered your license during 2015, your annual report must reflect the total activity of your New Jersey business as of the date of surrender.

Your annual report should only reflect the amount of business done with *New Jersey consumers* thru your main office and all New Jersey branch offices during 2015.

If you actively held two or more New Jersey licenses during 2015, you must file an annual report for each type of license.

NJ License Reference Number: _____

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Balance Sheet
as of 12/31/2015 or Close of Business

Balance Sheet Instructions

Use the following pages to collect the financial information that will be entered into the online application as part of your balance sheet. *When entering data into the online application, please remember these important points*:

- Financial statements can be consolidated for the entire company; they do not have to be New Jersey specific.
- Round all amounts to the nearest whole US dollar, and do not enter any commas or periods.
- The assets section of the balance sheet contains an "Other Assets" line. If you do not see an appropriate entry for an account on the assets screen, clicking the "Other Assets" link will display a new screen that allows you to enter the description and amount for any account not described on the assets page. The total calculated on the "Other Assets" page will be automatically included on the assets page at the "Other Assets" line. These worksheets are organized in a similar fashion.
- The liabilities section of the balance sheet contains an "Other Liabilities" line. If you do not see an appropriate entry for an account on the liabilities screen, clicking the "Other Liabilities" link will display a new screen that allows you to enter the description and amount for any account not described on the liabilities page. The total calculated on the "Other Liabilities" page will be automatically included on the liabilities page at the "Other Liabilities" line. These worksheets are organized in a similar fashion.
- When entering "Other Assets" or "Other Liabilities", you may organize and combine similar accounts to correspond with your personal accounting needs.
- The stockholders' equity section of the balance sheet contains an "Other Stockholders' Equity" line. If you do not see an appropriate entry for certain accounts on the stockholders' equity screen, add those accounts and enter the total amount on the "Other Stockholders' Equity" line. There is no need to provide detailed descriptions for those entries.
- The online application does not currently provide a facility for entering contra-accounts into the balance sheet. Instead, you must net any accounts that have a corresponding contra-account, and enter only the net amount into the balance sheet.

  Example: If Total Fixed Assets is $100,000, and Total Accumulated Depreciation is ($10,000), enter $90,000 as the Total Net Fixed Assets.

- Your Total Assets must equal your Total Liabilities plus your Total Stockholders' Equity. ***The online application will not allow you to submit your annual report if your balance sheet does not balance!***

NJ License Reference Number: _____

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Balance Sheet
as of 12/31/2015 or Close of Business

ASSETS

Line	Description of Asset	Whole Dollar Amount
1	Cash and Cash Equivalents	
2	Prepaid Expenses	
3	Accounts Receivable	
4	Restricted Cash	
5	Net Investment in Operating Leases	
6	Income Taxes Receivable	
7	Investment in Subsidiaries	
8	Investments in Other Financial Instruments	
9	Derivative Financial Instruments	
10	Deferred Taxes	
11	Vehicles Held for Disposition	
12	Loans Held for Investment	
13	Due from Affiliates	
14	Property, Plant & Equipment	
15	Other Assets *(Use attached Schedule A-1. Enter the total from Schedule A-1 here.)*	
16	**Total Assets** ***(Add all lines above.)***	

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Balance Sheet
as of 12/31/2015 or Close of Business

Schedule A-1 – Other Assets
(make additional copies, if needed)

Description of Other Assets	Whole Dollar Amount
Total Other Assets *(Add all lines above and also enter this total on line 15 of the Assets page of the Balance Sheet.)*	

NJ License Reference Number: _____

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Balance Sheet
as of 12/31/2015 or Close of Business

LIABILITIES

Line	Description of Liability	Whole Dollar Amount
1	Accounts Payable and Accrued Expenses	
2	Commercial Paper	
3	Accrued Interest Payable	
4	Unearned Premium Reserve	
5	Credit Facilities on Mortgage Loans Held for Sale	
6	Derivative Financial Instruments	
7	Derivative Liability Market Value	
8	Due to Affiliated Companies	
9	Related Party Debt	
10	Deferred Income Tax	
11	Notes Payable	
12	Income Taxes Payable	
13	Recourse Reserve Related to Loans Sold	
14	Allowance for Foreclosure Losses on Loans Serviced	
15	Other Liabilities *(Use attached Schedule L-1. Enter the total from Schedule L-1 here.)*	
16	**Total Liabilities** ***(Add all lines above.)***	

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Balance Sheet
as of 12/31/2015 or Close of Business

Schedule L-1 – Other Liabilities
(make additional copies, if needed)

Description of Other Liabilities	Whole Dollar Amount
Total Other Liabilities *(Add all lines above and also enter this total on line 15 of the Liabilities page of the Balance Sheet.)*	

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Balance Sheet
as of 12/31/2015 or Close of Business

STOCKHOLDERS' EQUITY

Line	Description of Stockholders' Equity	Whole Dollar Amount
1	Common Stock, Par Value	
2	Preferred Stock, Par value	
3	Additional Paid-in Capital	
4	Retained Earnings	
5	Other Stockholders' Equity	
6	**Total Stockholders' Equity** *(Add all lines above.)*	
7	**Total Liabilities** *(From line 16 of the Liabilities page of the Balance Sheet.)*	
8	**Total Liabilities and Stockholders' Equity** *(Add line 6 and line 7.)*	
9	**Total Assets** *(From line 16 of the Assets page of the Balance Sheet.)*	

NOTE: Your Total Assets (line 9) MUST EQUAL your Total Liabilities plus your Total Stockholders' Equity (line 8).

The online application <u>will not</u> allow you to submit your Annual Report if the balance sheet does not balance.

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Income Statement
as of 12/31/2015 or Close of Business

REVENUE

Line	Description of Revenue	Whole Dollar Amount
1	Servicing Income	
2	Interest Income	
3	Insurance Premiums Earned	
4	Investment Earnings	
5	Operating Lease Revenue	
6	Gain on Disposition of Leased Vehicle	
7	Other Revenues *(Use attached Schedule R-1. Enter the total from Schedule R-1 here.)*	
8	**Total Revenue** ***(Add all lines above.)***	

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Income Statement
as of 12/31/2015 or Close of Business

Schedule R-1 – Other Revenue
(make additional copies, if needed)

Description of Other Revenue	Whole Dollar Amount
Total Other Revenue *(Add all lines above and also enter this total on line 7 of the Revenue page.)*	

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Income Statement
as of 12/31/2015 or Close of Business

EXPENSES

Line	Description of Expenses	Whole Dollar Amount
1	Compensation and Benefits	
2	Servicing Expense	
3	Realized Loss on Derivate Instruments	
4	Provision for Losses	
5	Interest Expense	
6	Insurance Expenses	
7	General and Administrative Expense	
8	Operating Expenses	
9	Bank Fees	
10	Professional Fees	
11	Travel & Entertainment	
12	Office Expenses	
13	Depreciation and Amortization	
14	Other Expenses *(Use attached Schedule X-1. Enter the total from Schedule X-1 here.)*	
15	**Total Expenses** ***(Add all lines above.)***	

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Income Statement
as of 12/31/2015 or Close of Business

Schedule X-1 – Other Expenses
(make additional copies, if needed)

Description of Other Expenses	Whole Dollar Amount
Total Other Expenses ***(Add all lines above and also enter this total on line 14 of the Expenses page.)***	

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Income Statement
as of 12/31/2015 or Close of Business

SUMMARY

Line	Description of Summary Item	Whole Dollar Amount
1	Total Revenue *(From line 8 of the Revenue page)*	
2	Total Expenses *(From line 15 of the Expense page)*	
3	Net Income Before Taxes *(Subtract line 2 from line 1)*	
4	Income Taxes	
5	**Total Net Income** ***(Subtract line 4 from line 3)***	

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STATEMENT OF CAPITAL
for Sales Finance Companies
as of 12/31/2015 or Close of Business

Use the following pages to collect the financial information that will be entered into the online application as your statement of capital. *When entering data into the online application, please remember these important points*:

- If you submitted your annual report with the State of New Jersey electronically last year, then the online application will automatically fill in the Total Capital at the Beginning of the Year (line 1) from the Total Stockholders' Equity reported last year. Please verify that this amount is correct. If the amount shown is incorrect, or if it is missing, please enter the appropriate amount.
- Round all amounts to the nearest whole US dollar, and do not enter any commas or periods.
- The additions to capital section of the statement contains an "Other Additions" line. If you do not see an appropriate entry for an addition on the screen, clicking the "Other Additions" link will display a new screen that allows you to enter the description and amount for any addition not described on the statement of capital page. The total calculated on the "Other Additions" page will be automatically included on the statement of capital page at the "Other Additions" line. These worksheets are organized in a similar fashion.
- The deductions to capital section of the statement contains an "Other Deductions" line. If you do not see an appropriate entry for a deduction on the screen, clicking the "Other Deductions" link will display a new screen that allows you to enter the description and amount for any deduction not described on the statement of capital page. The total calculated on the "Other Deductions" page will be automatically included on the statement of capital page at the "Other Deductions" line. These worksheets are organized in a similar fashion.
- When entering "Other Additions" or "Other Deductions", you may organize and combine similar items to correspond with your personal accounting needs.
- Your Total Capital at the End of the Year must equal your Total Stockholders' Equity. ***The online application will not allow you to submit your annual report if your statement of capital does not balance!***

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STATEMENT OF CAPITAL
for Sales Finance Companies
as of 12/31/2015 or Close of Business

Line			Whole Dollar Amount
1	Total Capital at the Beginning of the Year 2015		
	Additions to Capital	**Whole Dollar Amount**	
2	Total Net Income *(From line 5 of the Income Statement Summary Page)*		
3	Common Stock Issued		
4	Preferred Stock Issued		
5	Other Additions *(Use attached Schedule S-1. Enter the total from Schedule S-1 here.)*		
6	**Total Additions** ***(Add lines 2 through 5.)***		
6a	**Subtotal Capital** ***(Add line 1 and line 6.)***		
	Deductions to Capital	**Whole Dollar Amount**	
7	Cash Dividends on Stock		
8	Partnership Withdrawals		
9	Proprietor's Withdrawals		
10	Other Deductions *(Use attached Schedule S-2. Enter the total from Schedule S-2 here.)*		
11	**Total Deductions** ***(Add lines 7 through 10.)***		
12	**Total Capital at the End of the Year** ***(Subtract line 11 from line 6a.)***		
13	**Total Stockholders' Equity** ***(From line 6 of the Stockholders' Equity page of the Balance Sheet.)***		

NOTE: Your Total Capital at the End of the Year (line 12) MUST EQUAL your Total Stockholders' Equity (line 13)

The online application <u>will not</u> allow you to submit your Annual Report if the Total Capital at the End of the Year is out of balance with the Total Stockholders' Equity.

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Statement of Capital
as of 12/31/2015 or Close of Business

Schedule S-1 – Other Additions
(make additional copies, if needed)

Description of Other Additions	Whole Dollar Amount
Total Other Additions *(Add all lines above and also enter this total on line 5 of the Statement of Capital page.)*	

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Statement of Capital
as of 12/31/2015 or Close of Business

Schedule S-2 – Other Deductions

(make additional copies, if needed)

Description of Other Deductions	Whole Dollar Amount
Total Other Deductions *(Add all lines above and also enter this total on line 10 of the Statement of Capital page.)*	

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Warehouse Lines & Lines of Credit Section

Creditor Detail Information

as of 12/31/2015 or Close of Business

(make additional copies, if needed)

Please enter the requested information for all borrowings as of December 31, 2015.

Name of Creditor:						
Address of Creditor:						
	City:		**State:**		**ZIP:**	
Total Dollar Amount Available:			**Total Dollar Amount Borrowed:**			
Name of Creditor:						
Address of Creditor:						
	City:		**State:**		**ZIP:**	
Total Dollar Amount Available:			**Total Dollar Amount Borrowed:**			
Name of Creditor:						
Address of Creditor:						
	City:		**State:**		**ZIP:**	
Total Dollar Amount Available:			**Total Dollar Amount Borrowed:**			
Name of Creditor:						
Address of Creditor:						
	City:		**State:**		**ZIP:**	
Total Dollar Amount Available:			**Total Dollar Amount Borrowed:**			
Name of Creditor:						
Address of Creditor:						
	City:		**State:**		**ZIP:**	
Total Dollar Amount Available:			**Total Dollar Amount Borrowed:**			

NJ License Reference Number: _____

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Warehouse Lines & Lines of Credit Section

Borrowing Summary
as of 12/31/2015 or Close of Business

Please provide the grand totals from any Creditor Detail Information pages previously completed:

	Whole Dollar Amount
Grand Total Amount Available	
Grand Total Amount Borrowed	

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Lending Activity Section

Sales Financing Lending Activity Summary
as of 12/31/2015 or Close of Business

Please provide the total number and dollar amounts of sales financing lending activities from January 1, 2015 through December 31, 2015. To determine the appropriate reporting category, use the ***cash price***.

> *Example 1: The cash price is $9000, but there were $1500 in financed warranties, bringing the total amount financed to $10,500. The total amount financed in connection with this sale is to be stated as the "Total Dollar Amount" in the "Cash Price of $10,000 or less" category.*
>
> *Example 2: The cash price was $15,000, but the total amount financed was only $9000 because of a cash down payment. The total amount financed in connection with this sale is to be stated as the "Total Dollar Amount" in the "Cash Price Over $10,000" category.*

You are to report business ***with New Jersey consumers only***, including the consolidated activity of all of your NJ branch offices.

You must also ***include*** any of the following that apply to your business activities:

- All financing contracts greater than three (3) months.
- All revolving credit contracts longer than three (3) months.

In calculating the cash price and the amount financed, the following amounts are to be ***excluded***:

- All cash payments and trade-in values
- Sales tax
- Motor Vehicle Commission fees
- Tire tax

When entering these figures into the online application, round all entries to the nearest whole dollar. Do not enter commas or periods.

Type of Loan	Total Number	Total Dollar Amount *(in whole US dollars)*
Home Repair Contracts – Purchased		
All Other Sales Financing Loans ***($10,000 or less)*** – Closed and Funded		
All Other Sales Financing Loans ***($10,000 or less)*** – Purchased		
All Other Sales Financing Loans ***(over $10,000)*** – Closed and Funded		
All Other Sales Financing Loans ***(over $10,000)*** – Purchased		
Total Sales Financing Loans Made during 2015 ***(Add all lines above)***		

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Affidavit

This sample affidavit is included for completeness only. The online application will collect all of the necessary information. DO NOT MAIL THIS AFFIDAVIT to the Department, unless you are specifically instructed to do so.

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I hereby certify that the information provided in connection with this Annual Report is true to the best of my knowledge and belief:

_____ _____
(Date) *(Signature of Licensee or Responsible Party)*

Please enter the following information for the individual preparing this report:

Name of Preparer _____

Title of Preparer _____

Phone of Preparer _____

E-mail of Preparer _____
(if available)

Please enter the following information for the licensee or individual responsible for the licensed entity. If that person no longer holds an active license, please put the mailing address of their current location or the location where they would like their mail sent so future mailings may be successfully sent to them.

Name of Responsible Party _____

Title of Responsible Party _____

Address of Responsible Party _____

Phone of Responsible Party _____

E-mail of Responsible Party _____

Every licensee **must** include their official e-mail address in their annual report according to N.J.A.C. 3:23-4.1. Failure to supply your official e-mail address will result in a failure to comply with the annual report filing.

========== *Notarization* ==========

State of _____ County of _____

Sworn to and subscribed before me this _____ day of _____ in the year _____ , and I hereby certify that I am not an officer or director of this entity.

_____
(Signature of Notary Public)

My commission expires on _____
(Date)