

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION
DIVISION OF FINANCIAL INSTITUTIONS
CONSUMER CREDIT SECTION
320 W. WASHINGTON
SPRINGFIELD, ILLINOIS 62701

QUARTERLY REPORT OF AUTHORIZED SELLERS
TRANSMITTERS OF MONEY ACT

FOR THE _____ QUARTER ENDING _____, 20_____

LICENSE #: _____

LICENSEE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

TELEPHONE #: _____ FAX #: _____

From the attached listing of Authorized Sellers (**which includes business name, address, telephone number, and full name of owner/president**), the following changes for the above stated reporting period:

Number of Authorized Sellers Added: _____ (if 1 or more, complete pg. 2)
Number of Authorized Sellers Deleted: _____ (if 1 or more, complete pg. 2)
Number of Authorized Sellers at end of Reporting Quarter: _____

If there has not been any change since the last quarter, please indicate so here: _____
_____ (No fee remittance required.)

License Fee for _____ New Authorized Sellers

@ \$10.00 per Authorized Seller = \$ _____

TOTAL AMOUNT OF FEE REMITTANCE: \$ _____

You are requested to issue your fee remittance payable in favor of the DIRECTOR OF FINANCIAL INSTITUTIONS.

Quarterly Reports must be received in our office by the following deadlines:

- 1st Quarter: April 15th
- 2nd Quarter: July 15th
- 3rd Quarter: October 15
- 4th Quarter: January 15th

This Report Prepared By: _____

Title: _____

Date: _____

QUARTERLY REPORT OF AUTHORIZED AGENTS CONT.

New Agents this Quarter:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____

CANCELLED AGENTS this Quarter:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____