



## **ANNUAL REPORT FOR LICENSED TRANSMITTERS OF MONEY**

### ***GENERAL INSTRUCTIONS***

- The Annual Report should be prepared by qualified persons and submitted within 120 days following the close of the calendar year January 1 to December 31, 2021.
- All questions are for the licensed legal entity as a whole, unless otherwise specified.
- All questions must be answered. State "None" or "Not Applicable" where appropriate.
- For your convenience, an addendum may be attached to the report in response to any of the questions if additional space is necessary to provide all requested information.
- Please type or print your answers legibly.
- Number of pages: 8

### ***REMINDER***

Certain contemplated changes or occurrence/s of event/s must be reported to the Department within specified timeframes. Accordingly, all licensees are required to be familiar and comply with the following sections of New York Banking Law and Regulations concerning the submission of notices or applications:

- Report of Locations (Superintendent's Regulations ("SR") §406.10(a))
- Report of Misconduct (SR §406.10(c))
- Change in directors and executive officers of Licensee (SR §406.11)
- Change in control – **prior approval of the Superintendent is required** (NYBL §652-a and SR §406.11)
- Report of Criminal or Civil Action (SR §406.12)
- Notice of Cybersecurity Event (Title 23 NYCRR 500 - §500.17(a))

Name of Licensee: \_\_\_\_\_

MT Annual Report for Calendar Year Ended: December 31, 2021

Attach an addendum wherever necessary.

In accordance with the provisions of Article XIII-B of the Banking Law of the State of New York, the following named licensee continues to engage in the business of:

- \_\_\_\_\_ issuing travelers checks, or \_\_\_\_\_ issuing prepaid/stored value cards, or
- \_\_\_\_\_ issuing money orders, or \_\_\_\_\_ selling prepaid/stored value cards, or
- \_\_\_\_\_ transmitting money, or \_\_\_\_\_ providing third-party bill payment services, or
- \_\_\_\_\_ dealing in foreign currency \_\_\_\_\_ other (Please describe): \_\_\_\_\_

1. Name of Licensee: \_\_\_\_\_

2. Name, title, and telephone number of the person responsible for preparing this report.  
\_\_\_\_\_

3. Licensee is incorporated/organized as a \_\_\_\_\_ (State the type of legal entity such as corporation, partnership, limited liability company, partnership, sole proprietorship etc.)

under the laws of the state of: \_\_\_\_\_

Tax ID/EIN: \_\_\_\_\_

4. HQ full address: \_\_\_\_\_

5. List all branch offices of the above company at which Licensee conducted money transmitting business in New York State during the reporting year:

Full Address	Contact Person	Phone #

6. List each subsidiary or affiliated company of the licensee engaged in the business of transmitting money. Please identify subsidiary or affiliate.

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7. a. **Overall Contact** [someone within the company who has the authority and ability to coordinate general Department of Financial Services business and inquiries and to receive mailings from the Department]:

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Full Name	Title	Phone #	Fax Number
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Full Address (Provide <i>only if</i> different from HQ address listed above)	E-mail Address
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Provide information on a **secondary contact**, in the event the overall contact is unavailable:

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Full Name	Title	Phone #	Email Address
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- b. **Billing Contact** [Provide the following information *only if* you choose to designate a separate Billing Contact to receive bills. Do not complete this item if the Billing Contact is the same as the Overall Contact.]:

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Full Name	Title	Phone #	Fax Number
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Full Address (Provide <i>only if</i> different from HQ address listed above)	E-mail Address
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- c. **Examination Contact** [Provide the following information *only if* you choose to designate a separate Examination Contact to coordinate examinations by the Department. Do not complete this item if the Examination Contact is the same as the Overall Contact.]:

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Full Name	Title	Phone #	Fax Number
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Full Address (Provide <i>only if</i> different from HQ address listed above)	E-mail Address
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d. Address where all books, records, accounts and documents are available for examination by the Department of Financial Services, pursuant to NYBL §646:

\_\_\_\_\_  
Full Address

e. List all Web sites associated/affiliated with Licensee:

\_\_\_\_\_

8. Information on ALL:

- (i) Entities and individuals who have ownership of Licensee;
- (ii) Members of the governing board (e.g. directors, LLC managers, etc.); and
- (iii) Executive officers

*Note:*

*(1) If there is more than one layer/level of ownership in Licensee, attach to this report a chart detailing the complete ownership structure.*

*(2) If an individual fits in more than one category (owner, board member and executive officer), list that individual only once.*

Full Name	Title	Board Member? (Yes or No)	Ownership in Licensee (%)
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Full Home Address	Home Phone #	Email Address
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*If the reported owner is an entity (not an individual):*

Owner's Type of Legal Entity (such as corporation, LLC, partnership, etc.)	State in which Owner Entity is Incorporated/Organized
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9. Did the Licensee provide quarterly agents list to the Department?

\_\_\_\_\_ (Indicate "Yes" or "No")

10a. Name(s) and Address(es) of Licensee's Bank(s): \_\_\_\_\_

Pursuant to NYBL §651-a, Agents are required to pay the licensee directly or deposit into the licensee's bank accounts. What are the services the Bank provides to Licensee?

\_\_\_\_\_  
\_\_\_\_\_

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- 10b. What is the amount of the Credit Facility provided by your bank? \_\_\_\_\_
- 10c. Did the Licensee change its bank since the last reporting? \_\_\_ (*Indicate "Yes" or "No"*)
11. Have any of the following individuals and entities been involved in any of the following listed matters in the reporting year and at any time since?

**Individuals and entities:**

- The Licensee
- Any of the Licensee's parent, affiliate, and subsidiary companies
- Any of the Licensee's owners, partners, stockholders with 10% or more of voting stock in the Licensee, members of the governing board, LLC members/managers, and executive officers

**Listed matters:**

- Felony conviction or guilty plea to felony
- Court proceeding or lawsuit in which any of the above-listed individuals and entities was named a defendant
- Investigation, civil or criminal
- Judgment
- Monetary penalty
- Regulatory or supervisory action
- Settlement reached after a lawsuit, claim or court proceeding in which any of the above-listed individuals and entities was named a defendant

\_\_\_\_\_ (*Yes or No*)

If "Yes", provide details. In addition, for the reported court proceedings, lawsuits and settlements, attach to the report a signed statement from legal counsel on whether the court proceedings, lawsuits and settlements, when aggregated, would materially impact the Licensee's financial condition and/or ability to meet obligations.

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12. Provide the number of authorized agent locations the licensee uses to originate money transmission on its behalf. The number should be separately broken down between those locations which sell *travelers checks* and those which sell *money orders* and those which originate *money transmissions* in any other manner, as follows:

Number \_\_\_\_\_ in this State

Number \_\_\_\_\_ in other States

Total \_\_\_\_\_ in the United States

Number \_\_\_\_\_ outside the United States

(If the licensee is authorized by its license to engage in more than one form of money transmission, use a separate schedule for the other forms of money transmission.)

13. Does the licensee permit any agent to transmit money, directly or indirectly, without the funds being sent to the licensee for transmission? \_\_\_\_\_ (Indicate "Yes" or "No") (If yes, give particulars on a supplemental schedule.)

14. Have any substantive changes been made during the past year in the form of the instrument used by the licensee in the transmission of funds?

\_\_\_\_\_ (Indicate "Yes" or "No") (If yes, attach a specimen copy of the revised form.)

15. Provide a complete list of all products and services offered. For each product and service, please indicate the launch date, description, and whether the product/service is considered regulated or non-regulated activity under New York Laws and Regulations. Please respond in the following format:

Product/Service	Launch Date	Description	Regulated Activity in NY (Yes or No)
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16. Please have the surety company confirm directly to the New York State Department of Financial Services, Licensed Financial Services, One State Street, New York, NY 10004, the placement of the bond or bonds for this purpose. The letter should identify the licensee by name and reflect the bond number, amount of coverage, and expiration date, if any.

17. Licensee who has entered into a deposit agreement (SR §406.14) to hold pledged assets as a condition for receiving its license, please have the depository bank confirm directly to the Licensed Financial Services (see above for address) the existence of this agreement. The letter should identify the licensee by name and reflect the account title and account number and contain a complete description of the assets pledged, including par value, market value, and maturity dates, if applicable, of the individual assets held under the agreement.

18a. List the countries to which the licensee has remitted funds from New York for the reporting period. For each country show the dollar amounts and the number of transactions.

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18b. For each of the above countries, disclose the names of your correspondent/paying agent used.

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**AFFIDAVIT**

I, the undersigned, hereby swear (or affirm) that (i) I am an owner, partner, stockholder with 10% or more of voting stock in Licensee, member of the governing board, LLC member/manager, or executive officer of Licensee, (ii) I am authorized to submit the above report (including all addenda and schedules), and (iii) the information contained therein is accurate, true, correct and complete, to the best of my knowledge and belief.

\_\_\_\_\_  
Full Name Title

\_\_\_\_\_  
Signature Date

Subscribed and sworn to before me this date: \_\_\_\_\_

\_\_\_\_\_  
Full Name of Notary Public Signature of Notary Public

\_\_\_\_\_  
Notary Public Number Date Commission Expires

\_\_\_\_\_  
County State