

DUE DATE – March 13, 2006

**Sale of Checks Annual Statement
for the Calendar Year Ended December 31, 2005**

WARNING: Failure to file this annual statement will result in commencement of administrative action against the license.

Full Name of Licensee	License No.
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CERTIFICATION

I hereby certify that the attached is a complete listing of offices and/or agents authorized to engage in the sale of checks issued under the above license number.

Date _____ Signature _____

Title _____

1. List the name, title, phone number, facsimile phone number and mailing address of the person to whom correspondence regarding the license should be sent.

Name: _____ Title: _____

Business Ph Nbr: _____ Facsimile Ph Nbr: _____

Mailing Address: _____

2. Attach a list of the locations of licensee offices.
3. Attach a list of the names and locations of licensee agents who are authorized to engage in the sale of checks issued by the licensee.
4. Does the licensee have Internet access? Yes No
5. List the Web address and e-mail address for the licensee.

Web address _____

e-mail address _____

SUPPLEMENTAL REPORT FOR THE CALENDAR YEAR ENDED 12/31/05

MONEY ORDERS

- 1. Total dollar sales of all money orders in:
 - a) Michigan from 1/1/05 to 12/31/05 \$ _____
 - b) U.S. from 1/1/05 to 12/31/05 \$ _____
- 2. Total number of money orders sold in:
 - a) Michigan from 1/1/05 to 12/31/05 # _____
 - b) U.S. from 1/1/05 to 12/31/05 # _____
- 3. Outstanding dollar amount of money orders in:
 - a) Michigan as of 12/31/05 \$ _____
 - b) U.S. as of 12/31/05 \$ _____

TRAVELERS CHECKS

- 4. Total dollar sales of travelers checks in:
 - a) Michigan from 1/1/05 to 12/31/05 \$ _____
 - b) U.S. from 1/1/05 to 12/31/05 \$ _____
- 5. Total number of travelers checks sold in:
 - a) Michigan from 1/1/05 to 12/31/05 # _____
 - b) U.S. from 1/1/05 to 12/31/05 # _____
- 6. Outstanding dollar amount of travelers checks in:
 - a) Michigan as of 12/31/05 \$ _____
 - b) U.S. as of 12/31/05 \$ _____
 - c) Foreign (if applicable) as of 12/31/05 \$ _____
 - d) Total outstanding (b + c) \$ _____

OTHER MONEY TRANSMITTAL INSTRUMENTS / METHODS

- 7. Total dollar sales of all money transfers/drafts/checks in:
 - a) Michigan from 1/1/05 to 12/31/05 \$ _____
 - b) U.S. from 1/1/05 to 12/31/05 \$ _____

- 8. Total number of money transfers/drafts/checks sold in:
 - a) Michigan from 1/1/05 to 12/31/05 # _____
 - b) U.S. from 1/1/05 to 12/31/05 # _____

- 9. Outstanding dollar amount of money transfers/drafts/checks in:
 - a) Michigan as of 12/31/05 \$ _____
 - b) U.S. as of 12/31/05 \$ _____

- 10. Number of agents operating as of 12/31/05
(Other than principal office) # _____

**PERMISSIBLE INVESTMENTS
as of 12/31/05**

Please attach a detailed list of the licensee's permissible investments or provide descriptions of each investment which must include: issuer (if a financial institution, show the name, location, and account numbers); principal amount or face value; unamortized premium or discount; interest rate; issue date; maturity date; number of shares; book value (defined as the face amount less the unamortized portion of discount or plus the unamortized portion of premium); or any other information necessary to identify the investment, as applicable.

- 1. State the cash on hand which is in the sole and exclusive name of the licensee as of the end of the test period.

Total Cash \$ _____

- 2. State the deposit balances which are in the sole and exclusive name of the licensee as of the end of the calendar year quarter. (Identify all banks in which balances are maintained.)

Total Value \$ _____

3. Attach a list of all Certificates of Deposit or other debt instruments of a financial institution which are in the sole and exclusive name of the licensee as of the end of the calendar year quarter. The debt instruments must be insured by an agency of the federal government of the United States of America and be readily marketable.

Total Book Value \$ _____

4. Attach a list of all Bills of Exchange or time drafts which are drawn on and accepted by a commercial bank, otherwise known as Bankers Acceptances, as of the end of the calendar year quarter. All bankers acceptances must be eligible for purchase by member banks of the Federal Reserve System.

Total Book Value \$ _____

5. Attach a list of all commercial paper which is in the sole and exclusive name of the licensee as of the end of the calendar year quarter. All commercial paper must be of prime quality as defined by a nationally recognized organization that rates such paper.

Total Book Value \$ _____

Reminders before mailing this statement

- Have all pages of the statement been completed?
- Has the statement been properly signed and dated?
- Submit the original statement to OFIS.
- The original completed statement should be mailed to:
Consumer Finance Section
Office of Financial and Insurance Services
P.O. Box 30220
Lansing, Michigan 48909-7720

For delivery requiring a street address send to:

Consumer Finance Section
Office of Financial and Insurance Services
611 West Ottawa Street Floor 3
Lansing, Michigan 48933



Michigan Department of Labor & Economic Growth

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Visit OFIS online at: www.michigan.gov/ofis Phone OFIS toll-free at: 1-877-999-6442