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**TITLE 5 BANKING**  
**DELAWARE ADMINISTRATIVE CODE**

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**2200 Licensed Lenders**

**2205 Report of Delaware Loan Volume**

5 Del.C. §2210(e)

Effective Date: April 11, 2014

Each licensee shall submit this report to the Office of the State Bank Commissioner twice each year. The first report must be received no later than July 31 and must contain information from January 1 through June 30 of the current year. The second report must be received no later than January 31 and must contain information from January 1 through December 31 of the previous year.

Licensees with more than one licensed office, whose files are maintained at a consolidated, centralized location, may file a consolidated report. Otherwise, a separate report must be submitted for each licensed office.

A completed, signed report may be scanned and submitted by e-mail to [bco\\_reports@state.de.us](mailto:bco_reports@state.de.us) no later than July 31 and January 31.

**Failure to submit this report when due will be a violation of this regulation. In addition, an examination may be scheduled and examination staff allocated without respect to the licensee's volume of Delaware loans. This may result in additional examination costs.**

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

2. Is this a consolidated report? Yes \_\_\_\_\_ No \_\_\_\_\_

3. License No.: \_\_\_\_\_ (If consolidated, list all license numbers): \_\_\_\_\_

\_\_\_\_\_

4. List the address where the loan files are maintained:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Examination contact person's name, title, phone number, fax number and e-mail address:

\_\_\_\_\_

\_\_\_\_\_

6. List the **Delaware** business conducted (number of loans) in each of the following categories:

A. Loans Executed: \_\_\_\_\_

Total Dollar Value: \$ \_\_\_\_\_

B. Loans Brokered \_\_\_\_\_

Total Dollar Value \$ \_\_\_\_\_

C. Loans Paid Off at Maturity: \_\_\_\_\_

D. Loans Paid Off Prior to Maturity: \_\_\_\_\_

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E. Applications Denied: \_\_\_\_\_

F. Loans in Litigation: \_\_\_\_\_

G. Credit Life Insurance Claims: \_\_\_\_\_

H. Credit A & H Insurance Claims: \_\_\_\_\_

7. Reporting Period: \_\_\_\_\_ to \_\_\_\_\_

I, the undersigned officer, hereby certify that this report is true and correct to the best of my knowledge and belief.

Date	Signature	Title
	Printed Name	Phone Number

**3 DE Reg. 653 (11/01/99)**  
**17 DE Reg. 994 (04/01/14)**