

**COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION  
BUREAU OF FINANCIAL INSTITUTIONS  
ANNUAL REPORT OF QUALIFIED EDUCATION LOAN  
SERVICERS FOR THE YEAR ENDING DECEMBER 31, 2024**

**Bureau of Financial Institutions  
1300 East Main Street, Suite 800  
Post Office Box 640  
Richmond, Virginia 23218-0640**

## SECTION I GENERAL INFORMATION

1. Name and mailing address of licensee: 2. Virginia License Number:

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3. Provide the name, title, address, **telephone number, fax number and e-mail address** for the individual to be contacted with respect to:

(A) Questions which may arise from this report:

(B) Scheduling Examinations:

(C) Consumer Complaints:

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

5. Describe any transactions that occurred in 2024 which resulted in an individual or entity acquiring, directly or indirectly, 25 percent or more of the ownership of the licensee. Attach additional 8 ½" x 11" paper if necessary.

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## SECTION II

### QUALIFIED EDUCATION LOANS DURING THE CALENDAR YEAR

7. Total number of borrowers: \_\_\_\_\_
8. Total number of qualified education loans serviced: \_\_\_\_\_
9. Total dollar amount of qualified education loans serviced: \_\_\_\_\_

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### AFFIDAVIT

State of \_\_\_\_\_)

County or City of \_\_\_\_\_)

I, \_\_\_\_\_, being the \_\_\_\_\_  
(Name of Officer of Licensee) \_\_\_\_\_ (Title)

of \_\_\_\_\_ swear or affirm that, to the best of my  
(Qualified Education Loan Servicer Licensee)

information and belief, the facts in this report, including any accompanying schedules and statements, are true.

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Signature of Officer of Licensee

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

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Notary Public

Registration Number of Notary: \_\_\_\_\_

My commission expires: \_\_\_\_\_