

**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:

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:

4. During 2024, did the licensee notify the Commissioner, in writing, of the name, address, and position of each new senior officer, member, partner, director or principal? If not, provide the required information in a separate written statement.

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.

6. During 2024, did the licensee comply with the reporting requirements described in § 6.2-2612? If not, provide a separate written statement describing such events and their expected impact upon the business of the licensee. Answer "yes" if no such reportable events occurred during the year or if all such events have previously been reported.

YES _____ NO _____

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: _____

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.

Signature of Officer of Licensee

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public

Registration Number of Notary: _____

My commission expires: _____
