

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

GENERAL INFORMATION

Name and authorized location of association

Name and mailing address of parent company, if any

Mailing address (if different from authorized)

E-Mail address _____

Name and title of the chief executive officer of the association

Name and occupation of all directors who have continuously owned and controlled unpledged and unencumbered shares of stock of at least \$100 par value and year joined firm.

Provide the following information with respect to loans made by the association during the calendar year:

	TYPE OF LOAN					
	COMMERCIAL		MORTGAGE		CONSUMER	
SIZE OF LOANS	Number of Loans	Aggregate Dollar Amount	Number of Loans	Aggregate Dollar Amount	Number of Loans	Aggregate Dollar Amount
Up to \$ 5,000						
\$ 5,001 - \$25,000						
\$25,001 - \$100,000						
Over \$100,000						
TOTALS						

BALANCE SHEET
As of December 31, 2024

ASSETS

1. Cash and due from depository institutions	\$ _____
2. Securities	_____
3. Loans receivable	_____
Less: Valuation reserve	_____
Unearned income	_____
Net loans receivable	_____
4. Land and building	_____
5. Equipment, furniture and fixtures	_____
6. Other real estate owned	_____
7. Other assets (itemize)	_____
8. Total Assets	\$ _____

LIABILITIES

9. Borrowings from financial institutions	\$ _____
10. Borrowings from individuals	_____
11. Borrowings from shareholders	_____
12. Other borrowings	_____
13. Total borrowed money	_____
14. Accrued interest	_____
15. Accrued taxes	_____
16. Mortgage indebtedness and capitalized lease obligations	_____
17. Other liabilities	_____
18. Total Liabilities	\$ _____

CAPITAL

19. Preferred stock	\$ _____
20. Common stock	_____
21. Surplus	_____
22. Undivided profits	_____
23. Total Capital	_____
24. Total Liabilities and Capital	\$ _____

INCOME STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2024

1. Interest income on balances with depository institutions	\$ _____
2. Interest income on securities	_____
3. Interest income and fees on loans	_____
4. Other income	_____
5. Total income	\$ _____
6. Interest expense on borrowings	\$ _____
7. Interest expense on mortgage and capitalized lease obligations	_____
8. Provisions for loan losses	_____
9. Salaries and employee benefits	_____
10. Expense of premises and fixed assets	_____
11. Other non-interest expense	_____
12. Total Expenses	\$ _____
13. Net income before taxes	\$ _____
14. Income tax expense	\$ _____
15. Net Income	\$ _____

Individual to be contacted with respect to questions which may arise from this report (name, title, address, and telephone number): _____

AFFIDAVIT

State of _____)

County or City of _____)

I, _____, being the _____
(Name of Officer of Licensee) _____ (Title)

of _____
(Name of Licensee)

swear or affirm that, to the best of my information and belief, the facts in this report, including any accompanying schedules and statements are true.

Signature

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

Registration Number of Notary: _____
My commission expires: _____

Notary Public