

STATE OF NEVADA



DEPARTMENT OF BUSINESS AND INDUSTRY
FINANCIAL INSTITUTIONS DIVISION

**ANNUAL REPORT OF CONDITION TO THE COMMISSIONER
THRIFT COMPANIES**

The Thrift Company Annual Report to the Commissioner **for the year ending: December 31, 2024, or Current Fiscal Year End** is due **May 15, 2025**.

Please Note: The Annual Report, Certified Public Accountant (CPA) prepared Financial Statements and supporting documentation must be submitted via email to fidcpa@fid.state.nv.us
The Subject line of the email must include entity name/DBA, license number and license type

Request for an extension to submit the report past May 15th, must be submitted to FID CPA by email to avoid late fees and/or delays in renewal: fidcpa@fid.state.nv.us

1. Submit complete audited or reviewed financial statements for the current Annual Report year ended December 31st or current fiscal year end.

Pursuant to NRS 677.410(1), the annual reports and financial statements required by this chapter must be prepared in accordance with generally accepted accounting principles and must be accompanied by a report, certificate, or opinion of an independent certified public accountant or independent public accountant.

Pursuant to NRS 677.400 (2), the report must give information with respect to the financial condition of the licensee, including, without limitation:

- (a) Balance sheets at the beginning and end of the year;
- (b) A statement of income and expenses for the period;
- (c) A reconciliation of the surplus or net worth with the balance sheets;
- (d) A schedule of the assets used and useful in the licensed business;
- (e) The size of loans and an analysis of charges, including the monthly average number and amount of loans outstanding;
- (f) An analysis of delinquent accounts;
- (g) Any court actions undertaken to effect collection

AFFIDAVIT

I, _____, the undersigned, being the

_____ of _____
(Owner, Officer, Manager) (Company Name)

swear and affirm, under penalty of perjury, which to the best of my knowledge and belief the statements contained in this report, including the accompanying supplemental documents, are true and complete in all respects.

Signature: _____

ACKNOWLEDGEMENT OF NOTARY PUBLIC

Taken, subscribed, and sworn (or affirmed) before me in the county of _____

In the State of _____ this _____ day of _____, 20 _____

Signature of Notary Public

My commission expires (date)

Notary Seal:

*Retain a copy of this report for your files