STATE OF WASHINGTON

DEPARTMENT OF FINANCIAL INSTITUTIONS

DIVISION OF CONSUMER SERVICES

P.O. Box 41200 ● Olympia, Washington 98504-1200

Telephone (360) 902-8703 • TDD (360) 664-8126 • www.dfi.wa.gov

2009 MORTGAGE BROKER ANNUAL REPORT

Name of company as licensed in Washington: _____

Main Office Address: _____ _____ _____ _____

Street Address *City* *State* *Zip Code*

Washington Mortgage Broker License Number: 510-MB-__ __ __ __ __ Phone Number: _____

Report Due to DFI on or before **March 31, 2010** Reporting period: **January 1, 2009 through December 31, 2009**

What is the amount of the bond required for my Mortgage Broker Practices Act license?
The bond amount is based on the annual loan origination volume in Washington calculated from line 4 below.

Loan Volume in Millions	Bond Amount
$40+	$60,000
$20 to $40	$40,000
$0 to $20	$20,000

You must file a report even if you did NO business in Washington State during 2009.

	BROKERED RESIDENTIAL MORTGAGE LOANS	Number of Loans	Dollar Volume
1	**Enter the total number** of all residential mortgage loans secured by Washington real estate that you brokered to another entity in the 2009 calendar year. Include table funded loans.		
	MADE (FUNDED) RESIDENTIAL MORTGAGE LOANS		
2	**Enter the total number** of all residential mortgage loans secured by Washington real estate that you made (funded with the use of a warehouse line or your own capital) in the 2009 calendar year.		
3	Subtotal: Add **lines** 1 and 2. **Enter this amount on line 4 below.**		
	2010 BOND AMOUNT CALCULATION		**Dollar Volume**
4	2009 Loan Origination Volume. See table above for your 2010 Bond Amount		

DECLARATION FOR 2009 MORTGAGE BROKER ANNUAL REPORT

I, _____ the undersigned being the _____
Print Name of Company Representative *Print Title of Company Representative*

of _____ , a Washington licensed Mortgage Broker, declare under penalty of
Print Name of Company as Licensed

perjury under the laws of the State of Washington that the foregoing is true and correct.

_____ _____ _____

Signature of Company Representative *Date* *City, State signed*

Official Use Only
Initial _____
Date _____