

C\$B LOAN MANAGER

SAMPLE REPORTS & DOCUMENTS

GILA

**DEMO FINANCE COMPANY - AUGUSTA, GA
FINANCIAL SUMMARY REPORT**

REPORTING PERIOD: 10/03/2007 17:08:15 TO 10/04/2007 17:37:07

REPORT NUMBER: 149 MONTH END: NO

LINE#	CREDITS	PERIOD	MONTH	YEAR	LINE#	DEBITS	PERIOD	MONTH	YEAR
1.	PAYMENTS COLLECTED:	881.00	6,330.03	80,294.22	26.	NEW LOANS:	456.00	2,048.00	172,038.00
2.	PAID OUTS COLLECTED:	0.00	76.00	14,350.00	27.	FB LOANS:	0.00	964.00	12,095.00
3.	BR COLLECTIONS:	1,054.00	5,542.00	66,387.04	28.	BR LOANS:	1,824.00	9,482.00	118,546.00
4.	INS LOAN SUMMARY:	600.26	3,116.57	89,478.28	29.	EXPENSES:	10.00	2,670.11	63,332.97
5.	NSF CHARGES:	0.00	0.00	330.00	30.	CASH OVER/SHORT:	0.00	0.00	-4.53
6.	LEGAL CHARGES:	0.00	0.00	1,070.00	31.	INSURANCE PREMIUM REMIT:	0.00	54.00	20,216.15
7.	LATE CHARGES:	24.00	191.00	3,500.68	32.	NSF COLLECTIONS:	0.00	0.00	90.00
8.	MATURITY INTEREST:	0.00	0.09	1.23	33.	DCS:	0.00	0.00	3,000.00
9.	RECOVERIES:	0.00	0.00	0.00	34.	FC REMITTED:	0.00	0.00	298.00
10.	FC RECEIVED:	0.00	0.00	298.00	35.	LEGAL COLLECTIONS:	0.00	0.00	893.50
11.	ICS:	0.00	0.00	131,000.00	36.	-	0	0	0
12.	MISC CHARGES:	0.00	0.00	0.00	37.	MISC COLLECTIONS:	0.00	0.00	18.00
13.	OTHER INCOME:	0.00	0.00	14.25	38.	-	0	0	0
14.	DEFERRAL FEES	0.00	0.00	0.00	39.	-	0	0	0
15.	TAX INCOME:	0.00	0.00	0.00	40.	-	0	0	0
16.	PAYROLL WITHHOLDING:	0.00	80.00	73.10	41.	-	0	0	0
17.	-	0	0	0	42.	-	0	0	0
18.	-	0	0	0	43.	-	0	0	0
19.	PHONE INCOME:	0.00	0.00	0.00	44.	-	0	0	0
20.	-	0	0	0	45.	-	0	0	0
21.	INTRA COMPANY TRANSFERS:	0.00	0.00	9,152.20	46.	-	0	0	0
22.	-	0	0	0	47.	-	0	0	0
23.	-	0	0	0	48.	-	0	0	0
24.	-	0	0	0	49.	-	0	0	0
25.	-	0	0	0	50.	-	0	0	0
	TOTAL CREDITS:	2,559.26	15,335.69	395,949.00		TOTAL DEBITS:	2,290.00	15,218.11	390,523.09
	TOTAL DEBITS:	2,290.00	15,218.11	390,523.09		CASH IN OFFICE:	750.23		
	BALANCE FORWARD:	5,156.65	5,308.33	0.00		CASH IN BANK:	4,675.68		
	TOTAL CASH:	5,425.91	5,425.91	5,425.91		TOTAL CASH:	5,425.91		
	NUMBER OF LOANS FORWARD:	413	407	0		LEDGER FORWARD:	141,302.74	141,101.77	0.00
	NUMBER OF LOANS MADE:	5	30	731		TOTAL LOANS MADE:	2,280.00	12,494.00	302,679.00
	NUMBER OF PAID OUTS/RENEWALS:	4	23	317		TOTAL COLLECTIONS:	1,935.00	11,948.03	161,031.26
	NUMBER OF WRITE OFFS:	0	0	0		TOTAL WRITTEN OFF:	0.00	0.00	0.00
	TOTAL NUMBER OF LOANS:	414	414	414		LEDGER BALANCE:	141,647.74	141,647.74	141,647.74
	NUMBER GAIN OR LOSS:	1	7	414		LEDGER GAIN OR LOSS:	345.00	545.97	141,647.74
	NUMBER OF PAYMENTS COLLECTED:	13	83	1171		NET REFINANCE AMOUNT:	1,008.90	5,278.76	63,618.92
	NUMBER OF RECOVERIES:	0	0	0		AVERAGE LOAN BALANCE:	342.14		
	NUMBER OF NEW LOANS:	1	5	432		UNEARNED LOAN CHARGES:	9,251.24		
	NUMBER OF FB LOANS:	0	3	28		UNEARNED OTHER CHARGES:	6,249.62		
	NUMBER OF BR LOANS:	4	22	271					
	NUMBER OF PAID OUTS:	0	1	46					

SIGNATURE OF EMPLOYEE VERIFYING ACCURACY OF REPORT

**DEMO FINANCE COMPANY - AUGUSTA, GA
LOAN SUMMARY REPORT**

REPORTING PERIOD: 10/03/2007 17:08:15 TO 10/04/2007 17:37:07

REPORT NUMBER: 149 MONTH END: NO

DESCRIPTION/GENERAL LEDGER CODE	PERIOD	CHARGES			REFUNDS			PREVIOUS MONTH	CURRENT MONTH	CURRENT
		MONTH	YEAR	PERIOD	MONTH	YEAR	UNEARNED	UNEARNED	EARNED	
INTEREST [00400-100]:	109.50	575.60	14,676.68	-15.65	-104.14	-1,488.87	3,803.76	3,873.26	401.96	
8% FEE [00400-200]:	175.20	808.52	20,847.02	0.00	-3.96	-178.87	2,037.24	2,223.79	618.01	
4% FEE [00400-300]:	0.00	0.00	245.89	0.00	0.00	0.00	16.52	1.45	15.07	
MAINT [00400-400]:	90.00	507.00	12,597.00	-12.85	-89.03	-1,208.92	3,085.72	3,152.74	350.95	
N/A:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
N/A:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
N/A:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
NON FILE INSURANCE [00211-100]:	63.00	365.00	9,741.00	0.00	0.00	0.00	0.00	0.00	0.00	
SINGLE LIFE INSURANCE [00211-200]:	9.20	48.38	1,230.02	-1.05	-8.44	-128.68	317.52	325.24	32.22	
JOINT LIFE INSURANCE [00211-300]:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
SINGLE INTEREST AUTO [00211-400]:	81.00	304.00	8,672.00	-7.72	-28.35	-842.21	2,107.46	2,202.86	180.25	
DUAL INTEREST PROPERTY [00211-500]:	8.76	71.12	1,519.85	-1.88	-16.41	-152.87	400.71	405.20	50.22	
ACCIDENT AND HEALTH INSURANCE [00211-600]:	111.70	549.69	13,499.55	-15.95	-92.91	-1,354.05	3,216.22	3,316.32	356.68	
AUTO CLUB [00211-700]:	0.00	90.00	4,077.00	0.00	0.00	0.00	0.00	0.00	90.00	
TITLE FEE [00211-800]:	0.00	0.00	141.00	0.00	0.00	0.00	0.00	0.00	0.00	
ACCIDENTAL DEATH AND DISMEMBERMENT [00211-900]:	7.00	140.50	7,585.74	0.00	0.00	0.00	0.00	0.00	140.50	
TOTAL CHARGES:	655.36	3,459.81	94,832.75	-55.10	-343.24	-5,354.47	14,985.15	15,500.86	2,235.86	
TOTAL REFUNDS:	-55.10	-343.24	-5,354.47							
LOAN SUMMARY:	600.26	3,116.57	89,478.28							

SUMMARY OF UNEARNED CHARGES

LOAN CHARGES		INSURANCE & OTHER CHARGES	
PREVIOUS MONTH UNEARNED:	8,943.24	PREVIOUS MONTH UNEARNED:	6,041.91
CURRENT MONTH CHARGES + :	1,891.12	CURRENT MONTH CHARGES + :	1,203.69
CURRENT MONTH REFUNDS - :	197.13	CURRENT MONTH REFUNDS - :	146.11
CURRENT MONTH UNEARNED - :	9,251.24	CURRENT MONTH UNEARNED - :	6,249.62
CURRENT EARNED CHARGES:	1,385.99	CURRENT EARNED CHARGES:	849.87

**DEMO FINANCE COMPANY - AUGUSTA, GA
LOAN JOURNAL**

REPORTING PERIOD: 10/03/2007 17:08:15 TO 10/04/2007 17:37:07

REPORT NUMBER: 149 MONTH END: NO

ACCOUNT	CUSTOMER NAME	DR	TYPE	REV	CHECK	ADVANCE	INT	8% FEE	4% FEE	MAINT	N/A	N/A	N/A	NOTE/TERM	MADE	PROCEEDS
23-5	ROGERS, JAMES EARLE	1	BR	N		438.00	21.90	35.04	0.00	18.00	0.00	0.00	0.00	456.00 / 6	10/04/07	54.56
441-1	LOGGINS, MARY J	1	NL	N		438.00	21.90	35.04	0.00	18.00	0.00	0.00	0.00	456.00 / 6	10/04/07	306.88
33-3	SMITH, CARRIE NMN	1	BR	N		438.00	21.90	35.04	0.00	18.00	0.00	0.00	0.00	456.00 / 6	10/04/07	104.89
267-2	WARE, STEPHANIE NMN	1	BR	N		438.00	21.90	35.04	0.00	18.00	0.00	0.00	0.00	456.00 / 6	10/04/07	94.89
97-3	ALLEN, LUCINDA NMN	1	BR	N		438.00	21.90	35.04	0.00	18.00	0.00	0.00	0.00	456.00 / 6	10/04/07	54.52
NUMBER OF TRANSACTIONS:		5			TOTALS:	2,190.00	109.50	175.20	0.00	90.00	0.00	0.00	0.00	2,280.00		615.74

**DEMO FINANCE COMPANY - AUGUSTA, GA
INSURANCE JOURNAL**

REPORTING PERIOD: 10/03/2007 17:08:15 TO 10/04/2007 17:37:07

REPORT NUMBER: 149 MONTH END: NO

ACCOUNT	CUSTOMER NAME	DR/TYPE/REV	ADVANCE	NF	SL	N/A	SIA	DP	AH	AC	TF	ADD	NOTE/TERM	MADE	PROCEEDS
23-5	ROGERS, JAMES EARLE	1 BR N	438.00	10.00	1.84	0.00	0.00	4.38	22.34	0.00	0.00	3.50	456.00 / 6	10/04/07	54.56
441-1	LOGGINS, MARY J	1 NL N	438.00	23.00	1.84	0.00	27.00	0.00	22.34	0.00	0.00	0.00	456.00 / 6	10/04/07	306.88
33-3	SMITH, CARRIE NMN	1 BR N	438.00	10.00	1.84	0.00	27.00	0.00	22.34	0.00	0.00	0.00	456.00 / 6	10/04/07	104.89
267-2	WARE, STEPHANIE NMN	1 BR N	438.00	10.00	1.84	0.00	27.00	0.00	22.34	0.00	0.00	0.00	456.00 / 6	10/04/07	94.89
97-3	ALLEN, LUCINDA NMN	1 BR N	438.00	10.00	1.84	0.00	0.00	4.38	22.34	0.00	0.00	3.50	456.00 / 6	10/04/07	54.52
NUMBER OF TRANSACTIONS:		5	TOTALS:	2,190.00	63.00	9.20	0.00	81.00	8.76	111.70	0.00	0.00	7.00	2,280.00	615.74

**DEMO FINANCE COMPANY - AUGUSTA, GA
COLLECTION JOURNAL**

REPORTING PERIOD: 10/03/2007 17:08:15 TO 10/04/2007 17:37:07

REPORT NUMBER: 149 MONTH END: NO

ACCOUNT	CUSTOMER NAME	DR/TYPE/REV	CHECK	CASH	RENEWAL	LATE	NSF	MISC	LEGAL	RECOV	MAT INT	DEF FEE	REFUNDS	BALANCE	DATE
23-4	ROGERS, JAMES EARLE	1	RF N	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-19.56	284.44	10/04/07
23-4	ROGERS, JAMES EARLE	1	BC N	0.00	284.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10/04/07
246-2	CHAMBERS, ANDREW NMN	1	CO N	76.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	380.00	10/04/07
273-1	DORSEY, CHERIE NMN	1	CO N	68.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	272.00	10/04/07
114-2	PUCKET, CARLTON NMN	1	CO N	42.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	84.00	10/04/07
86-2	ALBERTSON, NATASHA N	1	CO N 4242	76.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	304.00	10/04/07
324-1	DONAHUE, MIKE E	1	CO N 45465	76.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	228.00	10/04/07
154-2	ANDERSON, JIMMY NMN	1	CO N 1234	76.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	304.00	10/04/07
319-1	MADISON, RACHEL NMN	1	CO N 345	76.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	228.00	10/04/07
166-2	HAWKINS, DANIEL NMN	1	CO N	53.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	424.00	10/04/07
407-1	HOLLAND, SHANE D	1	CO N	68.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	272.00	10/04/07
33-2	SMITH, CARRIE NMN	1	CO N	76.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	228.00	10/04/07
33-2	SMITH, CARRIE NMN	1	RF N	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-13.01	214.99	10/04/07
33-2	SMITH, CARRIE NMN	1	BC N	0.00	214.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10/04/07
267-1	WARE, STEPHANIE NMN	1	RF N	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-13.01	224.99	10/04/07
267-1	WARE, STEPHANIE NMN	1	BC N	0.00	214.99	10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10/04/07
97-2	ALLEN, LUCINDA NMN	1	CO N 13434	76.00	0.00	10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	294.00	10/04/07
97-2	ALLEN, LUCINDA NMN	1	RF N	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-9.52	284.48	10/04/07
97-2	ALLEN, LUCINDA NMN	1	BC N	0.00	284.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10/04/07
296-1	MASON, THEODORE NMN	1	CO N	76.00	0.00	4.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	228.00	10/04/07
316-1	BROWN, DOUGLAS NMN	1	CO N	42.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42.00	10/04/07
NUMBER OF TRANSACTIONS:		21	TOTALS:	881.00	998.90	24.00	0.00	0.00	0.00	0.00	0.00	0.00	-55.10		

**DEMO FINANCE COMPANY - AUGUSTA, GA
REFUND JOURNAL**

REPORTING PERIOD: 10/03/2007 17:08:15 TO 10/04/2007 17:37:07

REPORT NUMBER: 149 MONTH END: NO

ACCOUNT	CUSTOMER NAME	DR/TYPE/REV	INT	8% FEE	4% FEE	MAINT	N/A	N/A	DEFR	NF	SL	N/A	SIA	DP	AH	AC	N/A	N/A	TOTAL	DATE
23-4	ROGERS, JAMES EARLE	1 RF N	-6.26	0.00	0.00	-5.14	0.00	0.00	0.00	0.00	-0.53	0.00	0.00	-1.25	-6.38	0.00	0.00	0.00	-19.56	10/04/07
33-2	SMITH, CARRIE NMN	1 RF N	-3.13	0.00	0.00	-2.57	0.00	0.00	0.00	0.00	-0.26	0.00	-3.86	0.00	-3.19	0.00	0.00	0.00	-13.01	10/04/07
267-1	WARE, STEPHANIE NMN	1 RF N	-3.13	0.00	0.00	-2.57	0.00	0.00	0.00	0.00	-0.26	0.00	-3.86	0.00	-3.19	0.00	0.00	0.00	-13.01	10/04/07
97-2	ALLEN, LUCINDA NMN	1 RF N	-3.13	0.00	0.00	-2.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-0.63	-3.19	0.00	0.00	0.00	-9.52	10/04/07
NUMBER OF TRANSACTIONS:		4	TOTALS:	-15.65	0.00	0.00	-12.85	0.00	0.00	0.00	-1.05	0.00	-7.72	-1.88	-15.95	0.00	0.00	0.00	-55.10	

DEMO FINANCE COMPANY - AUGUSTA, GA
CASH TRANSFER JOURNAL

REPORTING PERIOD: 10/03/2007 17:08:15 TO 10/04/2007 17:37:07

REPORT NUMBER: 149 MONTH END: NO

TRANSFER ID	GENERAL LEDGER ACCOUNT	CHECK	AMOUNT	PAID TO	COMMENTS	DATE
19433	00100-101 CASH DRAWER 1	1851	306.88	MARY JONES	NL 2331-1	10/04/07
19433	00100-200 CASH IN BANK	1851	-306.88	MARY JONES	NL 2331-1	10/04/07
19435	00606-100 ADVERTISING	1852	10.00	JOE SMITH	REFERRAL FEE 2331-1	10/04/07
19435	00100-200 CASH IN BANK	1852	-10.00	JOE SMITH	REFERRAL FEE 2331-1	10/04/07
19437	00100-101 CASH DRAWER 1	N/A	-625.38	DEPOSIT	DEPOSIT	10/04/07
19437	00100-200 CASH IN BANK	N/A	625.38	DEPOSIT	DEPOSIT	10/04/07

**DEMO FINANCE COMPANY - AUGUSTA, GA
INSURANCE PAYMENT JOURNAL**

REPORTING PERIOD: 10/03/2007 17:08:15 TO 10/04/2007 17:37:07

REPORT NUMBER: 149 MONTH END: NO

ACCIDENT AND HEALTH INSURANCE

ACCOUNT	CUSTOMER NAME	DR/TYPE/REV	CHECK	CASH	DATE	LATE	NSF	MISC	LEGAL	RECOV	MAT INT	DEF FEE	REFUNDS	BALANCE	POSTED
316-1	BROWN, DOUGLAS NMN	1 CO	N	42.00	10/04/07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42.00	10/04/07
NUMBER OF TRANSACTIONS:		1	SUB-TOTALS:	42.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
NUMBER OF TRANSACTIONS:		1	TOTALS:	42.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		

**DEMO FINANCE COMPANY - AUGUSTA, GA
DEPOSIT JOURNAL**

REPORTING PERIOD: 10/03/2007 17:08:15 TO 10/04/2007 17:37:07

REPORT NUMBER: 149 MONTH END: NO

TIME	TOTAL CASH	TOTAL NON-CASH	ITEMS	TOTAL DEPOSIT	BY	REVERSED	BY
10/4/2007 5:37:07 PM	200.00	425.38	6	625.38	CSB		

NON-CASH ITEMS:	DRAWER	ITEM #	AMOUNT	TRANS TYPE	ACCOUNT NUMBER
	1	247	76.00	CO	86-2
	1	556	76.00	CO	324-1
	1	2378	76.00	CO	154-2
	1	6525	76.00	CO	319-1
	1	1125	111.38	CO	97-2
	1	1998	10.00	CA	441-1

TOTAL OF ALL DEPOSITS: \$625.38

**DEMO FINANCE COMPANY - AUGUSTA, GA
DRAWER CLOSE OUT SUMMARY**

REPORTING PERIOD: 10/03/2007 17:08:15 TO 10/04/2007 17:37:07

REPORT NUMBER: 149 MONTH END: NO

Check Book

GENERAL LEDGER NUMBER: 00100-200

OPENING BALANCE:	4,367.18	PERIOD LONG/SHORT:	0.00	100 X 0	=	0.00	.50 X 0	=	0.00	ROLL .50 X 0	=	0.00
RECEIPTS:	625.38	MTD LONG/SHORT:	0.00	50 X 0	=	0.00	.25 X 0	=	0.00	ROLL .25 X 0	=	0.00
DEBITS:	316.88	YTD LONG/SHORT:	-3,632.70	20 X 0	=	0.00	.10 X 0	=	0.00	ROLL .10 X 0	=	0.00
TOTAL CASH:	4,675.68			10 X 0	=	0.00	.05 X 0	=	0.00	ROLL .05 X 0	=	0.00
TOTAL NON CASH:	0.00			5 X 0	=	0.00	.01 X 0	=	0.00	ROLL .01 X 0	=	0.00
TOTAL COUNT:	4,675.68			1 X 0	=	0.00				OTHER:		4,675.68

ACCEPTED BY: CSB AT: 10/4/2007 5:58:01 PM

Drawer 1

GENERAL LEDGER NUMBER: 00100-101

OPENING BALANCE:	343.50	PERIOD LONG/SHORT:	0.00	100 X 0	=	0.00	.50 X 0	=	0.00	ROLL .50 X 0	=	0.00
RECEIPTS:	1,201.88	MTD LONG/SHORT:	0.00	50 X 0	=	0.00	.25 X 3	=	0.75	ROLL .25 X 0	=	0.00
DEBITS:	1,241.12	YTD LONG/SHORT:	-284.54	20 X 6	=	120.00	.10 X 43	=	4.30	ROLL .10 X 0	=	0.00
TOTAL CASH:	304.26			10 X 3	=	30.00	.05 X 2	=	0.10	ROLL .05 X 0	=	0.00
TOTAL NON CASH:	0.00			5 X 7	=	35.00	.01 X 11	=	0.11	ROLL .01 X 0	=	0.00
TOTAL COUNT:	304.26			1 X 28	=	28.00				OTHER:		86.00

ACCEPTED BY: CSB AT: 10/4/2007 5:57:57 PM

Drawer 2

GENERAL LEDGER NUMBER: 00100-102

OPENING BALANCE:	445.97	PERIOD LONG/SHORT:	0.00	100 X 0	=	0.00	.50 X 0	=	0.00	ROLL .50 X 0	=	0.00
RECEIPTS:	0.00	MTD LONG/SHORT:	0.00	50 X 0	=	0.00	.25 X 0	=	0.00	ROLL .25 X 0	=	0.00
DEBITS:	0.00	YTD LONG/SHORT:	289.07	20 X 0	=	0.00	.10 X 0	=	0.00	ROLL .10 X 0	=	0.00
TOTAL CASH:	445.97			10 X 0	=	0.00	.05 X 0	=	0.00	ROLL .05 X 0	=	0.00
TOTAL NON CASH:	0.00			5 X 0	=	0.00	.01 X 0	=	0.00	ROLL .01 X 0	=	0.00
TOTAL COUNT:	445.97			1 X 0	=	0.00				OTHER:		445.97

ACCEPTED BY: CSB AT: 10/4/2007 5:34:13 PM

**DEMO FINANCE COMPANY - AUGUSTA, GA
DELINQUENCY SUMMARY REPORT**

REPORTING PERIOD: 10/03/2007 17:08:15 TO 10/04/2007 17:37:07

REPORT NUMBER: 149 MONTH END: NO

	30 DAYS		60 DAYS		90 DAYS		91+ DAYS		TOTAL DELINQUENT	
OPENING BALANCE:	66	24,399.00	15	5,067.97	4	1,435.00	2	463.00	87	31,364.97
MOVED EARLIER:	-25	-8,745.00	-1	-540.00	0	0.00	0	0.00	-26	-9,285.00
MOVED TODAY:	-2	-674.00	0	0.00	0	0.00	0	0.00	-2	-674.00
BALANCE:	39	14,980.00	14	4,527.97	4	1,435.00	2	463.00	59	21,405.97
PERCENTAGE:		10.62%		3.21%		1.02%		0.33%		15.17%
NET BALANCES:		5,508.09		992.85		1,214.31		0.00		7,715.25
NET PERCENTAGES:		3.89%		0.70%		0.86%		0.00%		5.45%
OPENING LEDGER:	141,101.77									

PERCENTAGES BASED ON OPENING LEDGER

Account Aging Based On Today's Ledger Balance Of: 141,647.74

1 To 30 Days Past Due:	24,512.50	63	17.31%	PROMISES BROKEN:	1
31 To 60 Days Past Due:	5,688.97	18	4.02%	PROMISES PENDING:	11
61 To 90 Days Past Due:	1,005.00	3	0.71%	NUMBER MATURED:	6
More Than 90 Days Past Due:	1,233.00	4	0.87%	PERCENT MATURED:	1.84%
Slow File:	32,439.47	88	22.90%		
Current Accounts:	109,208.27	326	77.10%		

ACCOUNTS MOVED TODAY

ACCOUNT	NAME	30 DAYS	60 DAYS	90 DAYS	91+ DAYS
97-2	JONES, ALLEN	-370.00	0.00	0.00	0.00
296-1	MARSHALL, LINDA	-304.00	0.00	0.00	0.00

**DEMO FINANCE COMPANY - AUGUSTA, GA
CONTACT ACTIVITY SUMMARY**

REPORTING PERIOD: 10/01/2007 00:00:01 TO 10/04/2007 17:37:07

REPORT NUMBER: 149 MONTH END: NO

FIRST DELINQUENT LETTERS GENERATED

CSB 14
TOTAL: 14

SECOND DELINQUENT LETTERS GENERATED

CSB 4
TOTAL: 4

THIRD DELINQUENT LETTERS GENERATED

CSB 5
TOTAL: 5

FOURTH DELINQUENT LETTERS GENERATED

CSB 1
TOTAL: 1

BROKEN PROMISE LETTERS GENERATED

CSB 4
TOTAL: 4

CHASE SHEETS GENERATED

CSB 5
TOTAL: 5

**DEMO FINANCE COMPANY - AUGUSTA, GA
EXPENSE RECAP REPORT**

REPORTING PERIOD: 10/01/2007 00:00:01 TO 10/04/2007 17:37:07

REPORT NUMBER: 149 MONTH END: NO

GENERAL LEDGER ACCOUNT	CHECK	AMOUNT	PAID TO	COMMENTS	DATE
00603-100	OFFICE SUPPLIES	1845	26.93 WALMART	FOLDERS BINDERS ENVELOPES	10/02/07
00603-100	OFFICE SUPPLIES	1846	33.88 DOLLAR GENERAL	GARBAGE BAGS	10/02/07
00603-100	OFFICE SUPPLIES	1849	142.27 OFFICE DEPOT	INK CARTIAGE PAPER LEDGER CARDS	10/02/07
00603-100	OFFICE SUPPLIES	TRANSFER	3.34 TRANSFER	PAPER TOWELS	10/03/07
OFFICE SUPPLIES :		206.42			
00604-100	POSTAGE	1847	164.00 USPS	4 ROLLS STAMPS	10/02/07
POSTAGE :		164.00			
00605-100	RENT	1831	550.00 ABC PROPERTIES INC	RENT	10/01/07
RENT :		550.00			
00606-100	ADVERTISING	1852	10.00 JOE SMITH	REFERRAL FEE 2331-1	10/04/07
ADVERTISING :		10.00			
00607-100	CREDIT INVESTIGATION	1833	281.74 EQUIFAX	CBI	10/01/07
CREDIT INVESTIGATION :		281.74			
00609-100	TELEPHONE	1832	404.92 AT & T	PHONE BILL	10/01/07
TELEPHONE :		404.92			
00624-001	SALARIES	1828	920.00 MARY SMITH	WEEK ENDING 10/1/07	10/01/07
00624-001	SALARIES	TRANSFER	80.00 TRANSFER	MARY SMITH WITH HOLDING WEEK ENDING 10/01/07	10/01/07
SALARIES :		1,000.00			
00625-001	LOAN TAX	1834	53.03 JOHN W OXENDINE	LOAN TAX	10/01/07
LOAN TAX :		53.03			
GRAND TOTAL:		2,670.11			

**Life of the South Insurance Company
Administrative Office
100 West Bay Street / Jacksonville, Florida 32202**

**CERTIFICATE NUMBER
2770-4**

S	NAME OF INSURED/DEBTOR			AGE	FIRST BENEFICIARY/CREDITOR			COVERAGES
	DOE, JOHN NMN			27	DEMO FINANCE			
C	NAME OF JOINT INSURED/DEBTOR			AGE	1090 CHURCH STREET			
	--			--	AUGUSTA, GA 30903			
H	INITIAL AMOUNT OF LIFE INS.	ACCIDENT & HEALTH MONTHLY BENEFIT	EFFECTIVE DATE MO. DAY YR.	TERM OF INSURANCE (IN MONTHS)	PREMIUM		TOTAL LIFE AND ACCIDENT & HEALTH	
	\$438.00	\$73.00	07/27/06	6	\$1.84	\$22.34	\$24.18	
D							<input type="checkbox"/> Decreasing Life <input checked="" type="checkbox"/> Level Life <input type="checkbox"/> Joint Life <input type="checkbox"/> Decreasing Life <input type="checkbox"/> Level Life Accident & Health <input checked="" type="checkbox"/> 3 Day Waiting Period <input type="checkbox"/> 7 Day Waiting Period	
U				SECONDARY BENEFICIARY				
				MARY DOE				
L								
E								

Effective 12:01 A.M. Standard Time at the Address Stated Herein.

The option has been extended to me to purchase this insurance from any company or agent of my choice or to assign policies which I currently possess, and I freely choose the company and agent to whom this application is made. The finance company is authorized to deduct from the proceeds of my note which I have given to them, the amount of the premium for such insurance and pay the premium to the insuring company.

X _____
Signature of Debtor

READ THIS CERTIFICATE CAREFULLY

In this Certificate the words we, our, and us refer to Life of the South Insurance Company. You, your and yourself refer to the Debtor shown in the Schedule of Insurance, herein called the Schedule. Initial Amount of Life Insurance, Effective Date, Waiting Period, Second Beneficiary, Term and Creditor refer to those items as shown in the Schedule. Expiry Date refers to the scheduled maturity date of the debt. First Payment Due Date refers to the date of the first scheduled payment. Accident and Health Monthly Benefit refers to the A&H Monthly Benefit shown in the Schedule. Group Policy refers to the Single Premium Group Creditor-Debtor Insurance Policy and Credit Accident and Health Rider, if any, issued to the Creditor. Subject to the terms of the Group Policy, we agree to provide you with the coverages indicated in the Schedule.

CONDITIONS OF COVERAGE

- The premium must be shown in the Schedule and must be paid.
- You must be an acceptable risk as determined by us, and otherwise insurable on the Effective Date.
- You must become indebted to the Creditor while the Group Policy is in force.
- The Term must not exceed the maximum term permitted under the Georgia Industrial Loan Act.

PAYMENT OF BENEFITS: Any payment due will be paid to the Creditor as its interest may appear, to reduce or extinguish your outstanding unpaid debt. Any excess amount shall be paid by us by our separate check or draft to you, if living; otherwise to the Second Beneficiary named by you, if living; otherwise to your estate.

LIFE INSURANCE

The amount of the death benefit will be the amount of life insurance in force on the date of death and will be paid upon receipt of due written proof of your death.

AMOUNT OF LIFE INSURANCE

DECREASING LIFE: On the Effective Date, the amount of life insurance is equal to the initial Amount of Life Insurance. On the First Payment Due Date and on the same date of each month thereafter, the amount of insurance will decrease by an amount equal to the initial Amount of Life Insurance divided by the Term. If the first Payment Due Date is on the twenty-ninth, thirtieth, or thirty-first of the month, then any decrease in the amount of insurance scheduled to occur in a month which has less than 29, 30, or 31 days, respectively, will instead occur on the last day of such month.

JOINT DECREASING LIFE: If the life insurance coverage is designated as Joint Decreasing Life, the Amount of insurance afforded by this Certificate on its Effective Date shall be the Initial Amount of the indebtedness covered by this Certificate, and the amount of insurance shall decrease each month by an amount equal to the Initial Amount of Insurance divided by the number of months in the Term Period of the insured indebtedness. In the event of simultaneous deaths of the insured Debtor, only one benefit shall be payable under this Certificate and the method of Payment thereof shall be determined as though the Insured Debtor had died first being survived by the Joint Insured Debtor. Only one benefit will be paid under this provision.

LEVEL LIFE: The amount of level life insurance will be equal to the initial Amount of Life Insurance.

JOINT LEVEL LIFE: If the life insurance coverage is designated as Joint Level Life. In the event of simultaneous deaths of the Insured Debtor and the Joint Insured Debtor, only one benefit shall be payable under this Certificate and the method of Payment thereof shall be determined as though the Insured Debtor had died first being survived by the Joint Insured Debtor. Only one benefit will be paid under this provision.

MAXIMUM BENEFITS: The total amount of life insurance evidenced by this certificate will not be more than the maximum amount permitted under the Georgia Industrial Loan Act.

SUICIDE EXCLUSION: Our only liability for death by suicide, while sane or insane, within 1 year after the Effective Date will be a refund of the premium paid.

ACCIDENT AND HEALTH INSURANCE

DEFINITIONS:

Sickness means a sickness that first manifests itself while this Certificate is in force. Injuries means accidental bodily injuries which are the direct cause of the loss and which occur while this Certificate is in force.

GROUP CREDIT LIFE AND ACCIDENT AND HEALTH CERTIFICATE DECREASING OR LEVEL TERM INSURANCE

Total disability means that because of sickness or injuries you are prevented from performing the substantial and material duties of an occupation as defined below.

Occupation means.

during the first 12 months of total disability: your regular occupation at the time the disability occurred; thereafter: any occupation for which you are or become qualified by reason of education, training or experience

COVERAGE: We will provide an Accident and Health benefit if: (a) you become totally disabled while insured for Accident and Health insurance; and (b) you stay totally and continuously disabled for more than the number of days in the Waiting Period and (c) you are under the regular care of a duly qualified physician, other than yourself, unless such physician gives us written certification that future regular care by a duly qualified physician would be of no benefit to you. We will pay the benefit based on the actual number of days remaining until the Expiry Date. The amount of daily benefit will be one thirtieth of the Accident and Health Monthly Benefit; and (d) the insurer shall not deny a claim due to the Debtor's subsequent unemployment or retirement during the term of insurance

EXCEPTIONS: No Accident and Health benefit will be paid for total disability that is caused by or results from: (a) a condition for which you received medical advice or treatment within the 6 month period prior to the Effective Date, however, this exception will not apply to a disability that starts more than the 6 months or after the Effective Date; or (b) normal pregnancy; or (c) intentionally self-inflicted injuries, or (d) an act of war, whether declared or not; or (e) flight in a non-scheduled aircraft. If the debt insured hereunder results from a refinancing of a debt insured for Accident and Health coverage under the Group Policy, then the Effective Date as used in this paragraph is the effective Date of the prior Certificate.

MAXIMUM BENEFITS: The amount of your Accident and Health evidenced by this Certificate will not be more than \$500 00 per month

NOTICE OF CLAIM: Written notice of claim must be given to the Creditor, to us, or to our authorized agent. The notice must be given within 30 days after any loss for which we are liable occurs or starts or as soon as is reasonably possible. Such notice must identify you.

CLAIM FORMS: When we receive notice of claim we will send the claimant forms for filing proof of loss. If we do not send the claimant such forms within 15 days after such notice, the claimant may submit within the time required below written proof covering the occurrence, character, and extent of the loss for which the claim is made.

PROOF OF LOSS: Written proof of loss from a duly qualified physician, other than yourself, must be given to us within 90 days after the end of the period for which we are liable. If it was not reasonably possible to provide proof within such time, proof must be given to us as soon as possible. In no case will we pay benefits if the delay in furnishing proof of loss is more than 1 year, unless the delay is due to the lack of legal capacity.

We have the right to have you examined at our expense by a physician chosen by us. We have the right to require evidence of total disability at reasonable intervals in order to justify the continuation of benefit payments. We will suspend Accident and Health benefit payments if we do not receive such evidence.

TIME OF PAYMENT OF CLAIM: When written proof of loss establishing our liability has been received at our home office we will:

- immediately pay all accrued Accident and Health benefits;
- pay future Accident and Health benefits monthly;
- pay any balance due at the time our liability ends.

GENERAL PROVISIONS

PREMIUM REFUND: In the event this insurance terminates prior to the Expiry Date, we will promptly refund to the Creditor any unearned premium due. Any refund due will be computed by the sum of the Digits formula known as the 'Rule of 78'.

EXCESS INSURANCE: If this certificate is issued in excess of our limits, we have the right to cancel the excess portion of any premium paid prior to the occurrence of a valid claim.

RENEWAL OR REFINANCING: If the debt insured hereunder results from a renewal or refinancing of a debt insured under the Group Policy, then the Effective Date as used in the paragraphs captioned SUICIDE EXCLUSION, INCONTESTABILITY, and EXCEPTIONS is deemed to be the Effective Date of the Initial Certificate. This provision is limited to the amount and term of the coverage outstanding at the time of such renewal or refinancing of the debt.

TERMINATION OF INSURANCE: The insurance hereunder will terminate on the first of the following dates:

(a) the Expiry Date, (b) the date the debt is prepaid, renewed, or refinanced, (c) the date the Creditor cancels the insurance after the debt has been in continuous default for more than 60 days; (d) the date you make a request in writing to cancel your insurance; (e) the date a death benefit becomes due. We will refund any unearned premium except no refund of premium for life insurance will be made if the insurance is terminated due to your death; and no refund of premium for Accident and Health Insurance will be made if the loan is prepaid in full by the Accident and Health proceeds.

If the debt is prepaid, you have the option either to cancel this Certificate or retain the Certificate if it is Level Term until the Expiry Date. The termination of insurance will not prejudice any claim existing on the date of termination.

INCONTESTABILITY: We will not use a statement made by you to contest the insurance evidenced by this Certificate after the Certificate has been in force during your lifetime, and prior to the date in which a claim arises, for 2 years from the Effective Date. No statement made by you to obtain the insurance will void the insurance or reduce benefits unless it is made in writing and signed by you.

LEGAL ACTIONS: No one can bring a lawsuit under the Group Policy until 60 days after written proof of loss has been furnished.

ENTIRE CONTRACT; CHANGES: All statements made by you will be deemed representations and not warranties. The entire contract of Insurance will consist of the Group Policy and the Application. Only our President, Vice President, Secretary or Assistant Secretary may change, modify or waive any provisions of this Certificate and only in writing. We will not be bound by any promise or statement made by an agent or other person except as specified above.



SECRETARY



PRESIDENT

CREDIT INSURANCE DISCLOSURE STATEMENT

We may require Credit Life Insurance, Credit Accident and Health Insurance, and Personal Property Insurance covering the collateral for this loan. If required, you may furnish this insurance through anyone you choose, you may provide it through an existing policy, or you may obtain it from Lender. If you purchase any of the insurance listed below from Lender, and you pay off your note early, you will have the option either to cancel or to retain your insurance coverage. You acknowledge that the Lender has a financial interest in the sale of such insurance by virtue of commission income or other income which it may receive. The Lender may retain a portion of the premium.

TYPE OF INSURANCE	DESCRIPTION	COST
Credit Life Insurance	Premium/Cost To You	\$ 1.84
Credit Accident & Health Insurance	Premium/Cost To You	\$ 22.34
Personal Property Insurance	Premium/Cost To You	\$ N/A
Single Interest Vehicle Insurance	Premium/Cost To You	\$ N/A
	Total Premium/Cost To You	\$ 24.18

I acknowledge that I have read this Disclosure Statement and that I understand the types of insurance purchased with this loan. I choose to buy this insurance from Lender. I also acknowledge that I have received a copy of this Credit Insurance Disclosure Statement and understand that the original is to be retained by the Lender in the loan file.

Borrower

Borrower

Loan Closer For Lender

Date

Account Number: 2770-4

Account Name: DOE, JOHN NMN

ACCOUNT NUMBER: 2770-3 CREDIT RATING: NONE DEMO FINANCE
HIGH CREDIT: 456 1090 CHURCH STREET
AUGUSTA, GA 30903
LOAN CATEGORY: STANDARD
DOE, JOHN NMN SSN: 111-11-1111 PHONE: 555-555-5555
102 BROAD STREET DOB: 10/31/1978 DLA: //
AUGUSTA, GA 30901 AGE: 27 DLC: //
SPOUSE: NONE SPOUSE DOB: // CHECKED BY
CO-MAKER: BENEFICIARY: MARY DOE

EMPLOYER	PHONE	POSITION	PAY
MOES DINE	123-123-1234	NONE	NONE
NONE	NONE	NONE	NONE

PAYMENTS: 6 PAYMENTS AT 76.00
MADE: 03/22/2006 FIRST DUE: 04/22/2006 MATURES: 09/22/2006

LOAN TYPE:	BR	INT:	21.90	INSURANCE	COVERAGE	PREM.
PROCEEDS:	251.69	8% FEE:	35.04	NF:	456.00	10.00
FACE:	438.00	4% FEE:	0.00	SL:	438.00	1.84
AMT. FIN.:	356.88	MAINT:	18.00	- :		0.00
TOT. NOTE:	456.00	OTHER CHARGES		COVERAGE	PREM.	
APR:	89.84	- :	0.00	- :		0.00
		- :	0.00	AH:	73.00	22.34
		- :	0.00			

PREVIOUS: 2770-2 AMT: 265.00 MADE: 01/06/06 PAY OUT: 95.19
DUALS:
SECURITY AUTO: TOYOTA MODEL: CAMRY YEAR: 2003 VIN: JBDXE12220281641
OTHER: ALL THAT PROPERTY DESCRIBED ON, EXHIBIT 'A' DATED 07/27/2006

NEXT DUE	ACCT	PAID	TYPE	LATE	MISC	NSF	INT	LEGAL	NOTE	BAL.	BY	R
4/22/06	2770-3	3/22/06	BR	0.00	0.00	0.00	0.00	0.00	0.00	456.00	CSB	N
5/22/06	2770-3	4/27/06	CO	0.00	0.00	0.00	0.00	0.00	76.00	380.00	CSB	N
6/22/06	2770-3	5/19/06	CO	0.00	0.00	0.00	0.00	0.00	78.00	302.00	CSB	N
5/22/06	2770-3	5/25/06	CO	0.00	0.00	0.00	0.00	0.00	-78.00	380.00	CSB	N
5/22/06	2770-3	5/25/06	RC	0.00	0.00	30.00	0.00	0.00	0.00	380.00	CSB	N
6/22/06	2770-3	5/31/06	CO	0.00	0.00	0.00	0.00	0.00	78.00	302.00	CSB	N
7/22/06	2770-3	6/30/06	CO	4.00	0.00	30.00	0.00	0.00	74.00	228.00	CSB	N
	2770-3	7/27/06	RF	0.00	0.00	0.00	0.00	0.00	3.05	240.95	CSB	N
7/22/06	2770-3	7/27/06	BC	16.00	0.00	0.00	0.00	0.00	224.95	0.00	CSB	N

REFUNDS:

INT:	1.04	SL:	0.09
8% FEE:	0.00	- :	0.00
4% FEE:	0.00	- :	0.00
MAINT:	0.86	- :	0.00
		AH:	1.06
		- :	0.00
		- :	0.00
		- :	0.00
NF:	0.00	- :	0.00

REFUND TOTAL: 3.05
PAID OFF: 07/27/06

AS BORROWER, I HEREBY ACKNOWLEDGE PAYMENT OF THE REFUNDS LISTED ABOVE.

NOTE: LEDGER CARDS PRINT ON 6.5 x 10 INCH GREEN CARD STOCK THAT FITS MOST STANDARD TRAYS.

ACCOUNT NUMBER: 2770-3

RECEIPT

DEMONSTRATION FINANCE COMPANY 501 NORTH MAIN STREET ANYTOWN, SC 29000 803-555-1234

\$10.00 CASH TO YOU FOR EACH NEW CUSTOMER REFERRED TO US !

TRANSACTION: 61178
TRANSACTION TIME: 09/01/05 11:29:13
ACCOUNT NUMBER: 700-1
PRINT TIME: 9/13/2005 12:43:16 PM
RECEIVED BY: CP
CHECK NUMBER: --
PAYMENT METHOD: CASH
RECEIVED: PERSON
NEXT PAYMENT DUE: 10/11/2005

CUSTOMER

DOE, JOHN B
123 OAK STREET
AIKEN, SC 29801

BEGINNING LOAN BALANCE:	\$230.00
AMOUNT RECEIVED:	\$46.00
APPLIED TO LOAN BALANCE:	\$46.00
APPLIED TO LATE FEES:	\$0.00
APPLIED TO MATURITY INTEREST:	\$0.00
APPLIED TO NSF FEES:	\$0.00
APPLIED TO LEGAL CHARGES:	\$0.00
APPLIED TO MISC CHARGES:	\$0.00
APPLIED TO DEFERRAL FEES:	\$0.00
ENDING LOAN BALANCE:	\$184.00
CHANGE RETURNED:	\$0.00

SIGNATURE (IF REQUIRED)

C\$B Loan Manager

NOTE: RECEIPTS PRINT ON 1/3 SHEET SLIPS OF STANDARD PAPER - YOUR LOGO OR COMPANY NAME CAN BE INCLUDED.



STATE OF GEORGIA

JOHN W. OXENDINE

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER
www.gainsurance.org

STATEMENT OF ESTIMATED MONTHLY LOAN TAX REPORT FORM
(This is not a quarterly report)



PLEASE PRINT OR TYPE LICENSE NAME AND ADDRESS BELOW

Name	DEMO FINANCE		
Street	12 MAIN STREET		
City	AUGUSTA, GA	Zip Code	30903

Licenses must submit estimates and return to be in the Commissioner's office by the 20th of the month. Any changes in ownership and/or location of a licensed office must be registered with the Industrial Loan Commissioner. A completed copy of this return must be filed locally at each licensee's office. This does not replace the quarterly report which will be filed each quarter.

Net Interest \$	1,677.52	Month of	May	,	Year	2009	Estimated Tax \$	50.33
-----------------	----------	----------	-----	---	------	------	------------------	-------

Jim Jones	Office Manager	706-555-1122	06/23/2009	987654
Name of Person Preparing Estimate*	Title	Phone No.	Date	Loan License No.

*Under penalties of perjury, I declare that I have examined this estimate, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Estimates are based on one third of the previous quarter's taxes.

Make Remittance payable to and mail to:
JOHN W. OXENDINE, Industrial Loan Commissioner
2 Martin Luther King Jr. Drive, Suite 920, West Tower
Atlanta, Georgia 30334



INDUSTRIAL LOAN COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

John W. Oxendine, Commissioner

2 Martin Luther King Jr., Dr., Suite 920, West Tower, Atlanta, GA 30334

Phone 404-656-2078 * E-mail: loan@oci.ga.gov



www.gainsurance.org

QUARTERLY INSURANCE AND LOAN REPORT

INDUSTRIAL LOAN
GID-012-IL NOV08

Licensees must submit return to be in the Commissioner's office by the 20th of the month following end of quarter. Any changes in ownership and/or location of a licensed office must be registered with the Industrial Loan Commissioner. A completed copy of this return must be filed locally at each licensee's office.

NAME ▶ DEMO FINANCE	
STREET ▶ 12 MAIN STREET	
CITY ▶ AUGUSTA	ZIP ▶ GA

GILA License No.	987654	Phone Num	706-555-1122
------------------	--------	-----------	--------------

JOHN DOE Insurance Agent's Name				1234567 Insurance License No			
------------------------------------	--	--	--	---------------------------------	--	--	--

Type of Insurance	Policies Issued	Premiums Charged	Premiums Refunded	Net Premiums	Claims Paid	Amount Paid	Name of Insuring Company
Credit Life	261	530.57	95.64	434.93	1	46.40	LIFE OF THE SOUTH
Credit A & S	123	2,702.13	292.05	2,410.08	3	289.40	LIFE OF THE SOUTH
Household Goods Fire	176	812.56	161.37	651.19	0	0.00	LIFE OF THE SOUTH
Auto Collision	81	2,522.00	305.27	2,216.73	1	564.85	LIFE OF THE SOUTH
NRI	258	2,832.00	0.00	2,832.00	6	1,935.12	LIFE OF THE SOUTH
TOTALS	899	9,399.26	854.33	8,544.93	11	2,835.77	

REPORT OF CHANGES IN LOAN AND INTEREST BALANCES DURING QUARTER ENDING	June	2009
	Month	Year

Cash Basis * <input checked="" type="checkbox"/>	Accrual Basis <input type="checkbox"/>		
* Shaded areas are not to be filled in if reporting on the cash basis.		GROSS LOANS (NOTE 1)	INTEREST (NOTE 2)
1. Beginning Balance (Same as Line 9 of previous report)	▶	\$ 137,884.62	0.00
2. ADD Loans Made During Quarter	▶	+ 119,614.00	+ 6,354.88
3. ADD Recovered Loans (Previously charged off)	▶	+ 0.00	+ 0.00
4. Totals of Lines, 1, 2, and 3	▶	\$ 257,498.62	\$ 6,354.88
5. SUBTRACT Loans Charged Off As Uncollectible (See Note 3)	▶	- 4,722.49	- 0.00
6. SUBTRACT Refunds (See Note 4)	▶	- 2,931.97	- 1,125.36
7. SUBTRACT Loans Sold or Transferred	▶	- 0.00	- 0.00
8. SUBTRACT Collections (See Note 5)	▶	- 97,960.17	- 0.00
9. Ending Balances, Line 4 minus Lines 5, 6, 7 and 8	▶	\$ 151,883.99	\$ 0.00
10. Net Interest Charged During Quarter (Cash Basis Only; Line 4 minus 5 and 6)			\$ 5,229.52

COMPUTATION OF INDUSTRIAL LOAN TAX LIABILITY

11. Gross Tax (Cash Basis: Multiply Line 10 by 3 per cent) (Accrual Basis: Multiply sum of Lines 7 and 8, "Interest" Column, by 3 per cent)		\$ 156.89
12. Estimated Tax Paid 1 st Month of Quarter April, 20 09	\$ 52.00	
13. Estimated Tax Paid 2 nd Month of Quarter May, 20 09	+ 23.00	
14. Other Credits		- 0.00
15. Total Credits (Add Lines 12, 13 and 14)		75.00
16. NET TAX DUE – If Line 15 is less than Line 11, enter difference here and remit in full with this form		81.89
17. PENALTY – (Line 16 times 25%)		0.00
18. TOTALS – (Add Lines 16 and 17)		81.89
19. NET OVERPAYMENT – If Line 15 is greater than Line 11, enter difference here and refund or credit will be made		\$ 0.00

ATTESTATION

Under penalties of perjury, the below named, affirms that all the foregoing information submitted, including any accompanying documentation, was completed in good faith, is true, complete and correct to the best of my knowledge.

JIM JONES (Name of Attestator)	OFFICE MANAGER (Position Title of Attestator)	06/23/2009 (Date)
-----------------------------------	--	----------------------

Make Remittance to John W. Oxendine at above address

**DEMO FINANCE - AIKEN, SC
CHECKBOOK DETAIL REGISTER**

REPORTING PERIOD: 06/01/2007 TO 06/30/2007

LOAN PROCEEDS

NUMBER	DATE	AMOUNT	PAYEE	MEMO	BY
6765	06/01/07	-177.65	RATA, BOB	LOAN PROCEEDS FOR ACCOUNT 222-20	CS
6766	06/01/07	-295.51	GIFFORD, LARRY	LOAN PROCEEDS FOR ACCOUNT 5424-2	CS
6767	06/01/07	-128.77	HOGAN, TREMONT	LOAN PROCEEDS FOR ACCOUNT 823-32	CS
6768	06/01/07	-276.18	HOLLY, ERIC	LOAN PROCEEDS FOR ACCOUNT 5257-11	CS
6769	06/04/07	-198.64	HINTON, ELIZABETH	LOAN PROCEEDS FOR ACCOUNT 169-17	CS
6770	06/04/07	-152.81	COMPTON, TED	LOAN PROCEEDS FOR ACCOUNT 768-25	CS
6772	06/04/07	-99.02	SNIDER, ALLISON	LOAN PROCEEDS FOR ACCOUNT 5488-1	DK
6775	06/07/07	-247.11	WILLIAMS, ESTELLE	LOAN PROCEEDS FOR ACCOUNT 1252-7	CS
6776	06/07/07	-99.02	PRIM, ALLEN	LOAN PROCEEDS FOR ACCOUNT 5489-1	CS
6778	06/08/07	-626.00	CASTILLO, ROBERTO	LOAN PROCEEDS FOR ACCOUNT 5490-1	CS
6779	06/08/07	-509.31	ROBERTS, ANTON	LOAN PROCEEDS FOR ACCOUNT 5491-1	CS
6781	06/11/07	-198.64	CARTER, LILLIAN	LOAN PROCEEDS FOR ACCOUNT 5444-2	CS
6782	06/12/07	-105.02	*VOID*JAMES, LINDA	LOAN PROCEEDS FOR ACCOUNT 5492-1	CS
6782	06/12/07	105.02	*VOID*JAMES, LINDA	LOAN PROCEEDS FOR ACCOUNT 5492-1	CS
6783	06/12/07	-105.02	JAMES, LINDA	LOAN PROCEEDS FOR ACCOUNT 5492-2	CS
6784	06/12/07	-295.51	DUNCAN, SANDRA	LOAN PROCEEDS FOR ACCOUNT 5384-4	CS
6785	06/13/07	-295.51	TURNER, JAMES	LOAN PROCEEDS FOR ACCOUNT 5258-9	CS
6786	06/14/07	-626.00	JOSEPHS, NICK	LOAN PROCEEDS FOR ACCOUNT 1088-15	DK
6787	06/14/07	-312.18	*VOID*JAMES, ELTON	LOAN PROCEEDS FOR ACCOUNT 474-13	CS
6787	06/14/07	312.18	*VOID*JAMES, ELTON	LOAN PROCEEDS FOR ACCOUNT 474-13	CS
6788	06/14/07	-312.18	FISK, JOE	LOAN PROCEEDS FOR ACCOUNT 474-14	CS
6789	06/15/07	-249.95	TYLER, PERRY	LOAN PROCEEDS FOR ACCOUNT 847-13	CS
6790	06/18/07	-339.77	SULLIVAN, ANDRES	LOAN PROCEEDS FOR ACCOUNT 1166-7	CS
6791	06/18/07	-149.56	MYERS, RICH	LOAN PROCEEDS FOR ACCOUNT 5493-1	CS
6792	06/19/07	-146.56	ELLIS, MARY	LOAN PROCEEDS FOR ACCOUNT 5495-1	CS
6793	06/19/07	-302.72	KING, SUSAN	LOAN PROCEEDS FOR ACCOUNT 5494-1	CS
6794	06/20/07	-198.64	HAMPTON, ROBERT	LOAN PROCEEDS FOR ACCOUNT 5496-1	CS
6795	06/20/07	-224.64	JENKINS, JANELLE	LOAN PROCEEDS FOR ACCOUNT 803-16	CS
6796	06/20/07	-400.55	CRAMER, CECIL	LOAN PROCEEDS FOR ACCOUNT 5497-1	CS
6797	06/21/07	-146.56	CANFIELD, MARY	LOAN PROCEEDS FOR ACCOUNT 1153-13	CS
6798	06/21/07	-111.39	STEVENS, HERMAN	LOAN PROCEEDS FOR ACCOUNT 5285-8	CS
6799	06/21/07	-136.66	STEVENS, HERMAN	LOAN PROCEEDS FOR ACCOUNT 1210-12	CS

NUMBER	DATE	AMOUNT	PAYEE	MEMO	BY
6800	06/21/07	-280.70	MITCHELL, MICHAEL	LOAN PROCEEDS FOR ACCOUNT 5208-5	CS
6801	06/21/07	-173.23	ANDERSON, PAUL	LOAN PROCEEDS FOR ACCOUNT 1186-7	CS
6802	06/21/07	-105.02	DOUGLAS, ETHEL	LOAN PROCEEDS FOR ACCOUNT 5498-1	CS
6803	06/22/07	-200.88	PETERSON, LEANNE	LOAN PROCEEDS FOR ACCOUNT 553-14	CS
6804	06/22/07	-197.44	BAKER, LEON	LOAN PROCEEDS FOR ACCOUNT 731-11	CS
6805	06/22/07	-302.72	CARTER, LARRY	LOAN PROCEEDS FOR ACCOUNT 116-9	CS
6806	06/28/07	-201.64	MICHALES, ANDREW	LOAN PROCEEDS FOR ACCOUNT 315-21	CS
6807	06/29/07	-198.64	BROWN, MARY	LOAN PROCEEDS FOR ACCOUNT 5499-1	CS
6808	06/29/07	-494.31	SMITH, JOE	LOAN PROCEEDS FOR ACCOUNT 1213-3	CS
TOTAL:		-9,204.46			

CASH TRANSFERS

6761	06/01/07	-149.27	EQUIFAX INFORMATION SVCS LLC	00607-100 - CREDIT INVESTIGATION - CREDIT INVESTIGATIONS - CHECK AMOUNT: 149.27	CS
6762	06/01/07	-273.69	A T & T	00609-100 - TELEPHONE - PHONE BILL - CHECK AMOUNT: 273.69	CS
6763	06/01/07	-25.12	CULLIGAN	00603-100 - OFFICE SUPPLIES - WATER FOR OFFICE - CHECK AMOUNT: 25.12	CS
N/A	06/01/07	1,592.89	DEPOSIT	00100-101 - CASH DRAWER 1 - DEPOSIT	CS
N/A	06/01/07	688.37	DEPOSIT	00100-101 - CASH DRAWER 1 - DEPOSIT	CS
N/A	06/01/07	623.00	DEPOSIT	00100-101 - CASH DRAWER 1 - DEPOSIT	CS
N/A	06/01/07	705.99	DEPOSIT	00100-102 - CASH DRAWER 2 - DEPOSIT	CS
6764	06/01/07	-1,100.00	MARY SMITH	00100-101 - CASH DRAWER 1 - OFFICE CASH - CHECK AMOUNT: 1,100.00	CS
N/A	06/04/07	1,945.50	DEPOSIT	00100-101 - CASH DRAWER 1 - DEPOSIT	CS
6771	06/04/07	-391.00	U S POSTMASTER	00604-100 - POSTAGE - POSTAGE STAMPS - CHECK AMOUNT: 391.00	CS
N/A	06/04/07	3,254.33	DEPOSIT	00100-101 - CASH DRAWER 1 - DEPOSIT	CS
6773	06/06/07	-142.50	AIKEN STANDARD	00606-100 - ADVERTISING - NEWSPAPER ADS - CHECK AMOUNT: 142.50	CS
6774	06/06/07	-5,500.00	DEMO FINANCE, LLC	00220-200 - CASH TO CORPORATE - DECREASE CASH - CHECK AMOUNT: 5,500.00	CS
N/A	06/07/07	816.80	DEPOSIT	00100-101 - CASH DRAWER 1 - DEPOSIT	CS
6777	06/08/07	-40.00	DEMO FINANCE - COLUMBIA	00106-200 - FOREIGN COLLECTIONS-REMITT - MARY JOHNS PAYMENT-COLUMBIA - CHECK AMOUNT: 40.00	CS
N/A	06/08/07	1,280.00	DEPOSIT	00100-101 - CASH DRAWER 1 - DEPOSIT	CS
N/A	06/11/07	308.11	DEPOSIT	00100-102 - CASH DRAWER 2 - DEPOSIT	DK
6780	06/11/07	-65.00	AIKEN COUNTY MAGISTRATE	00613-100 - LEGAL & ACCOUNTING - C&D JOHN DOE - CHECK AMOUNT: 65.00	DK
TRANSFER	06/12/07	60.00	TRANSFER	00608-101 - BANK ACCOUNT ADJUSTMENTS - MAY BANK REC	CS
TRANSFER	06/12/07	-6.00	TRANSFER	00608-100 - BANK SERVICE CHARGES - MAY BANK STATEMENT	CS
N/A	06/12/07	300.00	DEPOSIT	00100-101 - CASH DRAWER 1 - DEPOSIT	CS

NUMBER	DATE	AMOUNT	PAYEE	MEMO	BY	
N/A	06/15/07	676.58	DEPOSIT	00100-101 - CASH DRAWER 1 - DEPOSIT	CS	
329	06/15/07	-122.40	N/A	00100-101 - CASH DRAWER 1 - RETURNED CHECK 5274-8	CS	
N/A	06/15/07	1,422.40	DEPOSIT	00100-101 - CASH DRAWER 1 - DEPOSIT	CS	
1824	06/18/07	-90.00	N/A	00100-101 - CASH DRAWER 1 - RETURNED CHECK 1215-12	CS	
N/A	06/19/07	1,031.70	DEPOSIT	00100-101 - CASH DRAWER 1 - DEPOSIT	CS	
N/A	06/19/07	545.00	DEPOSIT	00100-102 - CASH DRAWER 2 - DEPOSIT	CS	
N/A	06/25/07	1,552.74	DEPOSIT	00100-101 - CASH DRAWER 1 - DEPOSIT	CS	
101	06/25/07	-65.00	N/A	00100-101 - CASH DRAWER 1 - RETURNED CHECK 5416-2	CS	
N/A	06/27/07	986.00	DEPOSIT	00100-101 - CASH DRAWER 1 - DEPOSIT	CS	
N/A	06/27/07	357.91	DEPOSIT	00100-102 - CASH DRAWER 2 - DEPOSIT	CS	
N/A	06/29/07	1,402.20	DEPOSIT	00100-101 - CASH DRAWER 1 - DEPOSIT	CS	
6809	06/29/07	-15.00	SCDMV	00211-875 - TITLE FEE REMITTED - LIEN MIKE JONES - CHECK AMOUNT: 15.00	CS	
N/A	06/29/07	661.20	DEPOSIT	00100-102 - CASH DRAWER 2 - DEPOSIT	DK	
NUMBER OF TRANSACTIONS:	34		TOTAL TRANSFERS:	12,225.74	TOTAL LOAN PROCEEDS CHECKS WRITTEN:	-9,204.46
			TOTAL DEBIT TRANSFERS:	-7,984.98	NET TO CHECK BOOK:	3,021.28
			TOTAL CREDIT TRANSFERS	20,210.72		
			STORED OPENING BALANCE:	1,625.79		
			NET TO CHECK BOOK (+):	3,021.28		
			CALCULATED ENDING BALANCE (=):	4,647.07		
			STORED ENDING BALANCE (-):	4,647.07		
			DIFFERENCE TO CASH OVER/SHORT (=):	0.00		

**DEMO FINANCE COMPANY - AUGUSTA, GA
REFUND REGISTER**

REPORTING PERIOD: 06/10/2007 TO 06/13/2007

REPORT TYPE: DETAIL

ACCOUNT	CUSTOMER NAME	TYPE/REV	MADE	LOAN CHARGES						OTHER CHARGES									NOTE/TERM	PAID	PAY OFF	
				INT	8% FEE	4% FEE	MAINT	N/A	N/A	NF	SL	N/A	SIA	DP	AH	AC	TF	ADD				
1565-16	ANDERSON, KATHLEEN NMN	RF N	03/09/07	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	265.00 / 5	06/11/07	-1.06
1921-19	ANDERSON, KATHLEEN NMN	RF N	03/08/07	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.08	0.00	0.00	0.18	0.00	0.00	0.00	0.00	0.00	340.00 / 5	06/12/07	-1.26
1327-6	CAMPBELL, CHRISTY NMN	RF N	02/14/07	3.13	0.00	0.00	2.57	0.00	0.00	0.00	0.26	0.00	3.86	0.00	3.19	0.00	0.00	0.00	0.00	456.00 / 6	06/11/07	214.99
1711-8	CAMPBELL, CHRISTY NMN	RF N	02/13/07	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.08	0.00	1.73	0.00	1.11	0.00	0.00	0.00	0.00	340.00 / 5	06/12/07	132.08
2360-3	GRAVES, ROGER NMN	RF N	03/12/07	2.92	0.00	0.00	3.00	0.00	0.00	0.00	0.25	0.00	5.20	0.00	3.57	0.00	0.00	0.00	0.00	365.00 / 5	06/11/07	131.06
2404-2	GREGORY, CARL J	RF N	02/27/07	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.06	0.00	1.47	0.00	0.85	0.00	0.00	0.00	0.00	265.00 / 5	06/11/07	16.62
1807-7	HENRY, NEIL NMN	RF N	03/02/07	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.08	0.00	1.73	0.00	1.11	0.00	0.00	0.00	0.00	340.00 / 5	06/12/07	-3.92
2529-1	LONG, JERRY NMN	RF N	03/30/07	2.71	0.00	0.00	3.00	0.00	0.00	0.00	0.23	0.00	5.20	0.00	3.32	0.00	0.00	0.00	0.00	340.00 / 5	06/11/07	189.54
2116-5	TYLER, CYNTHIA NMN	RF N	02/22/07	7.70	0.00	0.00	4.50	0.00	0.00	0.00	0.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	637.00 / 7	06/12/07	463.15
1761-8	YOUNG, EDWARD NMN	RF N	04/05/07	2.71	0.00	0.00	3.00	0.00	0.00	0.00	0.23	0.00	5.20	0.00	3.32	0.00	0.00	0.00	0.00	340.00 / 5	06/11/07	189.54
TOTALS				19.17	0.00	0.00	21.07	0.00	0.00	0.00	1.98	0.00	24.39	0.18	16.47	0.00	0.00	0.00				1,330.74
	NUMBER:	10		5	0	0	10	0	0	0	10	0	7	1	7	0	0	0				
	PENETRATION:			50.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	70.00%	10.00%	70.00%	0.00%	0.00%	0.00%				

**DEMO FINANCE COMPANY - AUGUSTA, GA
LOAN REGISTER**

REPORTING PERIOD: 06/10/2007 TO 06/13/2007

REPORT TYPE: DETAIL

ACCOUNT	CUSTOMER NAME	TYPE/REV	ADVANCE	LOAN CHARGES						OTHER CHARGES									NOTE/TERM	MADE	PROCEEDS	
				INT	8% FEE	4% FEE	MAINT	N/A	N/A	NF	SL	N/A	SIA	DP	AH	AC	TF	ADD				
1565-17	ANDERSON, KATHLEEN NMN	BR N	250.00	10.42	20.00	0.00	15.00	0.00	0.00	10.00	0.88	0.00	22.00	0.00	0.00	0.00	0.00	0.00	0.00	265.00 / 5	06/11/07	17.76
1921-20	ANDERSON, KATHLEEN NMN	BR N	325.00	13.54	26.00	0.00	15.00	0.00	0.00	10.00	1.14	0.00	26.00	0.00	0.00	0.00	0.00	0.00	0.00	340.00 / 5	06/12/07	9.58
1327-7	CAMPBELL, CHRISTY NMN	BR N	438.00	21.90	35.04	0.00	18.00	0.00	0.00	10.00	1.84	0.00	27.00	0.00	22.34	0.00	0.00	14.00		456.00 / 6	06/11/07	90.89
1711-9	CAMPBELL, CHRISTY NMN	BR N	325.00	13.54	12.96	6.52	15.00	0.00	0.00	10.00	1.14	0.00	26.00	0.00	16.58	0.00	0.00	10.50		340.00 / 5	06/12/07	95.68
2360-4	GRAVES, ROGER NMN	BR N	350.00	14.58	28.00	0.00	15.00	0.00	0.00	10.00	1.23	0.00	26.00	0.00	17.85	0.00	0.00	10.50		365.00 / 5	06/11/07	110.78
2404-3	GREGORY, CARL J	BR N	250.00	10.42	20.00	0.00	15.00	0.00	0.00	10.00	0.88	0.00	22.00	0.00	12.75	0.00	0.00	0.00		265.00 / 5	06/11/07	8.33
1807-8	HENRY, NEIL NMN	BR N	325.00	13.54	26.00	0.00	15.00	0.00	0.00	10.00	1.14	0.00	26.00	0.00	16.58	0.00	0.00	0.00		340.00 / 5	06/12/07	13.66
2116-6	TYLER, CYNTHIA NMN	BR N	616.00	35.93	10.95	0.64	21.00	0.00	0.00	10.00	3.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00		637.00 / 7	06/12/07	92.31
1761-9	YOUNG, EDWARD NMN	BR N	325.00	13.54	0.00	13.00	15.00	0.00	0.00	10.00	1.14	0.00	26.00	0.00	16.58	0.00	0.00	21.00		340.00 / 5	06/11/07	34.20
SUB-TOTALS - BR			3,204.00	147.41	178.95	20.16	144.00	0.00	0.00	90.00	12.41	0.00	201.00	0.00	102.68	0.00	0.00	56.00		3,348.00		473.19
NUMBER:			9	9	8	3	9	0	0	9	9	0	8	0	6	0	0	4				
PENETRATION:			100.00%	89.00%	33.00%	100.00%	0.00%	0.00%	100.00%	100.00%	0.00%	89.00%	0.00%	67.00%	0.00%	0.00%	44.00%					
2304-2	SMITH, ANDREW NMN	FB N	350.00	14.58	28.00	0.00	15.00	0.00	0.00	10.00	1.23	0.00	0.00	2.92	17.85	0.00	0.00	35.00		365.00 / 5	06/12/07	240.42
SUB-TOTALS - FB			350.00	14.58	28.00	0.00	15.00	0.00	0.00	10.00	1.23	0.00	0.00	2.92	17.85	0.00	0.00	35.00		365.00		240.42
NUMBER:			1	1	1	0	1	0	0	1	1	0	0	1	1	0	0	1				
PENETRATION:			100.00%	100.00%	0.00%	100.00%	0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	100.00%					
2575-1	BLACK, KELLY NMN	NL N	250.00	10.42	20.00	0.00	15.00	0.00	0.00	23.00	0.88	0.00	22.00	0.00	12.75	0.00	0.00	7.50		265.00 / 5	06/12/07	153.45
2574-1	GREEN, STEVE NMN	NL N	438.00	21.90	35.04	0.00	18.00	0.00	0.00	10.00	1.84	0.00	27.00	0.00	22.34	0.00	18.00	0.00		456.00 / 6	06/12/07	301.88
2573-1	HARRISON, LENA B.	NL N	438.00	21.90	35.04	0.00	18.00	0.00	0.00	23.00	1.84	0.00	27.00	0.00	22.34	0.00	0.00	0.00		456.00 / 6	06/11/07	306.88
SUB-TOTALS - NL			1,126.00	54.22	90.08	0.00	51.00	0.00	0.00	56.00	4.56	0.00	76.00	0.00	57.43	0.00	18.00	7.50		1,177.00		762.21
NUMBER:			3	3	3	0	3	0	0	3	3	0	3	0	3	0	1	1				
PENETRATION:			100.00%	100.00%	0.00%	100.00%	0.00%	0.00%	100.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	33.00%	33.00%					
GRAND-TOTALS			4,680.00	216.21	297.03	20.16	210.00	0.00	0.00	156.00	18.20	0.00	277.00	2.92	177.96	0.00	18.00	98.50		4,890.00		1,475.82
NUMBER:			13	13	12	3	13	0	0	13	13	0	11	1	10	0	1	6				
PENETRATION:			100.00%	92.00%	23.00%	100.00%	0.00%	0.00%	100.00%	100.00%	0.00%	85.00%	8.00%	77.00%	0.00%	8.00%	46.00%					