

KAUFFMAN JAMES H  
Form 5  
February 14, 2003

OMB APPROVAL
OMB Number: 3235-0362
Expires: January 31, 2005
Estimated average burden hours per response...1.0

**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, DC 20549**

**FORM 5**

**ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

**Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or  
Section 30(h) of the Investment Company Act of 1940**

- Check box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
- Form 3 Holdings Reported
- Form 4 Transactions Reported

<b>1. Name and Address of Reporting Person*</b>  Kauffman, James H. <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> (Last) (First) (Middle)	<b>2. Issuer Name and Ticker or Trading Symbol</b>  Cash America International, Inc. (PWN) <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<b>3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)</b>  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
Cash America International, Inc. 1600 W. 7th Street <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> (Street)	<b>4. Statement for Month/Year</b>  2002 <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<b>5. If Amendment, Date of Original (Month/Year)</b>  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
Fort Worth, TX 76102 <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> (City) (State) (Zip)	<b>6. Relationship of Reporting Person(s) to Issuer (Check All Applicable)</b>  <input type="radio"/> Director <input type="radio"/> 10% Owner  <input checked="" type="radio"/> Officer (give title below)	<b>7. Individual or Joint/Group Reporting (Check Applicable Line)</b>  <input checked="" type="radio"/> Form filed by One Reporting Person  <input type="radio"/>

Edgar Filing: KAUFFMAN JAMES H - Form 5

Other (*specify below*)  
Executive VP - International  
Operations  
\_\_\_\_\_

Form filed by More  
than One Reporting  
Person

---

\* If the form is filed by more than one reporting person, see instruction 4(b)(v).

---





**Table II Derivative Securities Acquired, Disposed of, or Beneficially Owned Continued**  
*(e.g., puts, calls, warrants, options, convertible securities)*

6. Date Exercisable and Expiration Date <i>(Month/Day/Year)</i>	7. Title and Amount of Underlying Securities <i>(Instr. 3 and 4)</i>	8. Price of Derivative Security <i>(Instr. 5)</i>	9. Number of Derivative Securities Beneficially Owned at End of Year <i>(Instr. 4)</i>	10. Ownership of Derivative Security: Direct (D) or Indirect (I) <i>(Instr. 4)</i>	11. Nature of Indirect Beneficial Ownership <i>(Instr. 4)</i>
--------------------------------------------------------------------	-------------------------------------------------------------------------	------------------------------------------------------	-------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------	------------------------------------------------------------------

Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
(2)	1/23/12	Common Stock	25,000	150,000	D

**Explanation of Responses:**

- (1) Includes acquisition of 1,368.87 shares under Rule 16b-3(c) pursuant to the Issuer's employee benefit plans.
- (2) These options vest in accordance with certain share price appreciation criteria or in 25% increments on each anniversary date of the grant beginning January 23, 2003.

/s/ James H. Kauffman 2-11-03

Edgar Filing: KAUFFMAN JAMES H - Form 5

---

\*\*Signature of Reporting  
Person

---

Date

---

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure.

Page 4