

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>FIRSTCASH, INC</u> (Last) (First) (Middle) 690 E. LAMAR BLVD., SUITE 400 (Street) ARLINGTON TX 76011 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 09/01/2016	3. Issuer Name and Ticker or Trading Symbol <u>Enova International, Inc. [ENVA]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, \$0.00001 par value	5,833,051 ⁽¹⁾	I	CSH Holdings LLC ⁽²⁾
Common Stock, \$0.00001 par value	131,145 ⁽¹⁾	I	Frontier Merger Sub, LLC ⁽³⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person*
FIRSTCASH, INC
 (Last) (First) (Middle)
 690 E. LAMAR BLVD., SUITE 400
 (Street)
 ARLINGTON TX 76011
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
CSH Holdings LLC
 (Last) (First) (Middle)
 1600 WEST TH STREET
 (Street)
 FORT WORTH TX 76102
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Frontier Merger Sub, LLC
 (Last) (First) (Middle)
 690 E. LAMAR BLVD., SUITE 400
 (Street)
 ARLINGTON TX 76011
 (City) (State) (Zip)

Explanation of Responses:

1. On September 1, 2016, FirstCash, Inc. ("FirstCash") completed a merger of equals business combination (the "Merger") with Cash America International, Inc. ("Cash America") pursuant to a merger agreement (the "Merger Agreement") by and among FirstCash, Cash America, and Frontier Merger Sub, LLC ("Merger Sub"). Pursuant to the Merger Agreement, Cash America merged with and into Merger Sub, with Merger Sub continuing as the surviving entity following the Merger, and CSH Holdings LLC ("CSH Holdings") continuing as a wholly-owned subsidiary of Merger Sub (prior to the Merger, CSH Holdings was a wholly-owned subsidiary of Cash America).
2. These shares are owned directly by CSH Holdings, which is a wholly-owned subsidiary of Merger Sub, which is a wholly-owned subsidiary of FirstCash.
3. These shares are owned directly by Merger Sub, which is a wholly-owned subsidiary of FirstCash.

Remarks:

/s/ R. Douglas Orr, Authorized
Officer for FirstCash, Inc., 09/09/2016
Frontier Merger Sub, LLC and
CSH Holdings LLC

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

** 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 is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.