

**COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION
BUREAU OF FINANCIAL INSTITUTIONS
ANNUAL REPORT OF AGENCIES PROVIDING DEBT MANAGEMENT PLANS
FOR THE YEAR ENDING DECEMBER 31, 2011**

**Bureau of Financial Institutions
1300 East Main Street, Suite 800
Post Office Box 640
Richmond, Virginia 23218-0640**

FILE IN DUPLICATE

GENERAL INFORMATION

1. Name and mailing address of licensee: _____ 2. Virginia license number _____

3. E-Mail address _____

4. Check the appropriate items concerning licensee:

- (a) _____ INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION
 _____ LIMITED LIABILITY COMPANY _____ BUSINESS TRUST
- (b) _____ NON-PROFIT _____ FOR-PROFIT

5. Name, title and business address of the chief executive officer of licensee.

6. Individual to be contacted with respect to questions which may arise from this report (**name, title, address, fax number and telephone number**):

7. Provide the (**name, title, address, telephone number, fax number and e-mail address**) for the individual to be contacted with respect to:

(a) Scheduling Examinations

(b) Consumer Complaints

MANAGEMENT

10. If the licensee is a limited liability company or corporation, list all members and senior officers (those within three reporting levels of the CEO), their titles, and their ownership interest, if any, **direct or indirect**, in the licensee. If the licensee is a partnership, list the partners, along with their ownership interest, **direct or indirect**, in the licensee. If the licensee is a business trust, list the trustees along with their ownership interest, **direct or indirect**, in the licensee.

Name	Title	Check applicable title(s)					# Shares Owned	Percentage Ownership
		Senior Officer	Director	Partner	Manager	Trustee		

Itemize any individuals and/or companies not listed above with a ten percent or greater ownership interest, **direct or indirect**, in the licensee.

Name	Number of Shares Owned	Percentage Ownership

DIRECTORS

11. List all outside directors of the licensee and their current employers.

Name	Employer

ACCREDITATION AND CERTIFICATION

12. (a) Name(s) of the third-party organization(s) by which the licensee is accredited.
- (b) Name(s) of the third-party organization(s) by which the licensee's credit counselors are certified.
- (c) Number of credit counselors employed by the applicant at the end of the calendar year: _____
- (d) Number of credit counselors certified by a third party organization at the end of the calendar year: _____

DEBT MANGEMENT PLANS

13. (a) Number of Virginia clients enrolled in debt management plans at the end of the calendar year: _____
- (b) Total volume of funds received from Virginia clients under debt management plans during the calendar year: _____
- (c) Number of Virginia clients who enrolled in debt management plans during the calendar year: _____
- (d) Number of Virginia clients who completed their debt management plans during the calendar year: _____
- (e) Number of Virginia clients who left their debt management plans prior to completion during the calendar year: _____

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14. (a) Minimum set-up fee charged to or contribution received from a Virginia client for establishing a debt management plan: _____; Maximum: _____
- (b) Minimum monthly fee charged to or contribution received from a Virginia client for maintaining a debt management plan: _____; Maximum: _____
- (c) Does the licensee directly or indirectly charge, contract for, collect, receive, or recover any other fees from Virginia clients?
If so, please describe the services provided to the client and the range of fees charged for these services.

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15. (a) Are the licensee's debt management plans serviced by a third party? If so, provide the company's name, contact person, address and telephone number.
- (b) Are the licensee's Virginia records maintained by a third party? If so, provide the company's name and the address(es) where the records are maintained.

AFFIDAVIT

State of _____)

County or City of _____)

I, _____, being the _____
(Name of Officer of Licensee) (Title)

of _____
(Agency Providing Debt Management Plans)

swear or affirm that, to the best of my information and belief, the facts in this report, including any accompanying schedules and statements, are true.

Signature

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

Registration Number of Notary: _____

My commission expires: _____

PLEASE MAKE SURE THIS REPORT AND THE FINANCIAL STATEMENT OF THE LICENSEE ARE FILED IN DUPLICATE BEFORE THE MARCH 25TH DEADLINE. IF AUDITED FINANCIAL STATEMENTS ARE BEING PREPARED BUT ARE NOT READY, PLEASE INDICATE BELOW THE APPROXIMATE DATE THAT THEY WILL BE FILED WITH THIS BUREAU AND ATTACH CURRENT INTERNAL FINANCIAL STATEMENTS. (If an audit of the licensee is not conducted, current internal statements alone are acceptable and should be attached.)

Anticipated filing date of audited financial statement of licensee: _____