

**COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION
BUREAU OF FINANCIAL INSTITUTIONS
ANNUAL REPORT OF AGENCIES PROVIDING DEBT MANAGEMENT PLANS
FOR THE YEAR ENDING DECEMBER 31, 2015**

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

(A) Questions which may arise from this report:

(B) Scheduling Examinations:

(C) Consumer Complaints:

4. During 2015, did the licensee notify the Commissioner, in writing, of the name, address, and position of each new senior officer, member, partner, or director? If not, provide the required information in a separate written statement.

YES _____ NO _____ N/A _____

5. Describe any transactions that occurred in 2015 which resulted an individual or entity acquiring, directly or indirectly, 25 percent or more of the ownership of the licensee. Attach additional 8 ½" x 11" paper if necessary.

6. During 2015, did the licensee comply with the reporting requirements described in § 6.2-2010 and 10VAC5-120 I? If not, provide a separate written statement describing such events and their expected impact upon the business of the licensee. Answer “yes” if no such reportable events occurred during the year or if all such events have previously been reported.

YES _____ NO _____

LIST OF OFFICES

7. List the physical location and mailing address of each office where credit counseling business was conducted pursuant to Chapter 20 of Title 6.2 of the Code of Virginia **as of December 31**, and indicate by marking with an asterisk (*) each location where Virginia records are maintained. (Attach an additional sheet of 8 1/2” by 11” paper, if necessary.)

DEBT MANGEMENT PLANS

8. (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 enrolled in debt management plans during the calendar year: _____

9. Does the licensee (i) allow a third party to provide any debt pooling and distribution services on its behalf; or (ii) delegate to a third party any of its responsibilities under a debt management plan whereby the third party obtains control over any money provided by consumers for subsequent distribution to the consumers’ creditors? If yes, provide the third party’s name, contact person, address, and telephone number.

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: _____

