

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION
BUREAU OF FINANCIAL INSTITUTIONS
SEMI-ANNUAL REPORT OF AGENCIES PROVIDING DEBT MANAGEMENT PLANS
FOR THE PERIOD ENDING June 30, 2017

Licensee's Name and Mailing Address

Virginia License Number: _____

Licensee's E-mail Address (if any): _____

Provide the following information with respect to business conducted pursuant to the Virginia Credit Counseling Act for the period ending June 30, 2017. (Virginia Business Only)

Month	Monthly Volume of Funds Received	Number of Active Virginia Clients
1. January	_____	_____
2. February	_____	_____
3. March	_____	_____
4. April	_____	_____
5. May	_____	_____
6. June	_____	_____
7. Total For Period	_____	_____

The undersigned certifies that the facts outlined in this report are true and that he/she has been duly authorized to file the report.

Date

Signature

Telephone Number

Print Name and Title

FOR OFFICIAL USE ONLY

8. Monthly Average	_____
9. Bond requirement	_____
10. Current Bond Amount	_____