

COMMONWEALTH OF VIRGINIA
 STATE CORPORATION COMMISSION
 BUREAU OF FINANCIAL INSTITUTIONS
 SEMI-ANNUAL REPORT OF AGENCIES PROVIDING DEBT MANAGEMENT PLANS
 FOR THE PERIOD ENDING December 31, 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 December 31, 2017. (Virginia Business Only)

| Month | Monthly Volume of Funds Received | Number of Active Virginia Clients |
|----------------------------|-------------------------------------|--------------------------------------|
| 1. July | _____ | _____ |
| 2. August | _____ | _____ |
| 3. September | _____ | _____ |
| 4. October | _____ | _____ |
| 5. November | _____ | _____ |
| 6. December | _____ | _____ |
| 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 | _____ |