



**Debt Management Company Annual Report**

The attached Debt Management Company Annual Report must be completed and the original submitted to the Department **on or before August 15** of each year.

The reporting period is July 1 of the previous calendar year through June 30 of the current calendar year.

A penalty of \$5.00 per day will begin to accrue on August 16 to all licensees whose original Report is not received.

**Do not leave any questions unanswered.** If a question is not applicable, so state on the application. **Incomplete Reports will not be accepted.**

Retain a copy of the Report for your records. The Department does not provide copies.

Licensing Division



Debt Management Company Annual Report

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July 1, \_\_\_\_\_ through June 30, \_\_\_\_\_

Type or legibly print all information

Form with fields for Company Name, License Number, Doing Business As, Company Address Line 1, Company Address Line 2, City, State, Zip Code, Company Telephone Number, Company Fax Number, Company Toll Free Number, Name of individual to contact, E-mail Address, Telephone Number & Extension.

- 1. Fees:
a. Amount of retainer fee charged each debtor \$ \_\_\_\_\_
b. Monthly fee charged each debtor \$ \_\_\_\_\_
c. Are any other charges made against debtor's account? Yes [ ] No [ ]
If yes, explain fully.
d. Are management fees adjusted to total debt not less often than annually? Yes [ ] No [ ]
If no, explain why not.
e. Does total debt used for fee calculation include residential mortgage or rent payment? Yes [ ] No [ ]
If yes, explain.
f. Has any fee been received prior to proper notice being given to creditors? Yes [ ] No [ ]
If yes, explain fully.

2. Are remittances made to creditors as required by law? Yes [ ] No [ ]
If no, explain why not.

3. Are statements of accounts furnished to debtors upon request? Yes [ ] No [ ]
If no, explain why not.

4. Is the full benefit of any compromise of a debt allowed to the debtor? Yes [ ] No [ ]
If no, explain why not.

5. Complete the following for the financial institution of the trustee checking account.

Table with columns: Name, Address, City, State, Zip, Account Number. Rows include book balance of account as of June 30 of the previous calendar year and amount of undisbursed payments from debtors as of June 30 of the current year.



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6. Has a copy of all advertising material been forwarded to the Superintendent within five (5) days after first using such material? Yes  No   
If no, explain why not. \_\_\_\_\_

- 7. Accounts:
  - a. Number of accounts as of June 30 of the previous year: \_\_\_\_\_
  - b. Number of accounts as of June 30 of the current year: \_\_\_\_\_
  - c. Number of new accounts accepted during the past license year (July 1 – June 30): \_\_\_\_\_
  - d. Number of accounts closed during the past license year (July 1 – June 30) due to completion of debts being paid in full as agreed: \_\_\_\_\_
  - e. Number of accounts canceled by debtor during the past license year (July 1 – June 30): \_\_\_\_\_
  - f. Number of accounts canceled by debt management company during the past license year (July 1 - June 30): \_\_\_\_\_

**AFFIDAVIT**

STATE OF \_\_\_\_\_ )SS.  
COUNTY OF \_\_\_\_\_

I (print name) \_\_\_\_\_, being duly sworn, depose and say that I signed the annual report as (capacity title) \_\_\_\_\_ of the above named licensee, having full authority to sign the report, I have read the report and the information contained therein is true.

\_\_\_\_\_  
(Date) (Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
My commission expires: (Notary Public)