



**STATE OF SOUTH CAROLINA  
DEPARTMENT OF CONSUMER AFFAIRS  
CONSUMER CREDIT COUNSELING ORGANIZATION  
ANNUAL REPORT**



**Mailing Address**  
P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. § 37-7-115(A)  
[www.consumer.sc.gov](http://www.consumer.sc.gov)  
803-734-4209

**Street Address**  
2221 Devine St., Suite 200  
Columbia, SC 29205

**Please Type or Print Legibly in Ink.** This form must be submitted to the Department **by April 15<sup>th</sup>**. **The Department may impose a fine of fifty dollars (\$50) for each day the Annual Report is overdue.**

**DO NOT FAX THIS FORM**

1. Full Name of Credit Counseling Organization: \_\_\_\_\_

2. Trade Name (D/B/A): \_\_\_\_\_ License No.: \_\_\_\_\_

3. Contact Person: \_\_\_\_\_ 4. E-mail address: \_\_\_\_\_

5. Organization's Mailing Address: \_\_\_\_\_  
(Street Address)

(City)

(State)

(Zip Code)

6. Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

7. a. Which service(s) does the organization offer? (Check all that apply. A separate Report must be completed for each service provided.)

Debt Management       Credit Repair Services       Debt Negotiation/ Settlement

b. This Report relates to:

Debt Management       Credit Repair Services       Debt Negotiation/ Settlement

8. GENERAL QUESTIONS: Answer the following questions based on the credit counseling organization's business conducted during the **previous calendar year**.

STATEMENT	AMOUNT	
	Nationwide	South Carolina
a. Total number of <b>existing</b> Agreements/ Contracts. (ie: entered into before this past calendar year).		
b. Total number of <b>new</b> Agreements/ Contracts. (ie: entered this past calendar year).		
c. Total amount of fees collected from consumers. (This only includes the fees you charged the consumers).		
d. Average amount of fees collected per Agreement/Contract.		

e. Total amount of money collected from consumers for payment to creditors.	<b>Nationwide</b>	<b>South Carolina</b>
f. Average amount of consumer debt at the time of entering into the Agreement/Contract.	<b>Nationwide</b>	<b>South Carolina</b>
g. Monthly average of consumers' funds in any trust account. <i>(If a daily average of consumers' funds would be more accurate, please provide the daily average and indicate so in this section.)</i>	<b>Nationwide</b>	<b>South Carolina</b>
h. Average length/term of Agreement/Contract.	<b>Months</b>	
i. Percentage of consumers that enroll.	<b>%</b>	
j. Percentage of Agreements/Contracts terminated.	<b>%</b>	
k. Percentage of Agreements/Contracts completed.	<b>%</b>	

9. Have any of the following events occurred? Only include events of which **you have not notified** the Department. If the answer to any question is "YES", attach complete details. **Mark an "X" in the Appropriate Box.**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| a. Has a governmental authority instituted a revocation, suspension, or other proceeding against the licensee?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Has the licensee or any of its members, partners, directors, officers, trustees, beneficiaries, or principles received felony indictments or convictions?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Has the Internal Revenue Service taken any action against a nonprofit licensee, its officers, directors, employees, agents, or other disqualified persons with respect to the organization within the meaning of Section 4958 of the Internal Revenue Code of 1986 as amended, including the imposition of penalties or excise taxes or the change, suspension, or revocation of the organization's tax exempt status? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Has a civil action been filed against the licensee?  | <input type="checkbox"/> | <input type="checkbox"/> |

**PENALTIES:** The Department may impose a fine of fifty dollars (\$50) for each day the Annual Report or any other required report is overdue.

The undersigned swears or affirms and certifies that he/she has completed and/or reviewed all information in this report and that all information contained herein and in all addending and supplemental forms is true and accurate. The undersigned further certifies that giving false information in this application or any addending or supplemental forms constitutes cause for denial or revocation of the organization's license and subjects him/her to criminal prosecution for perjury. The undersigned acknowledges the **duty and agrees to update** and correct this information as it changes.

SWORN TO AND SUBSCRIBED before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of person completing the form

Notary Public For \_\_\_\_\_

\_\_\_\_\_  
Type or Print your name and Business Relationship or Title

My Commission Expires: \_\_\_\_\_