



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



## CREDIT COUNSELING ORGANIZATION ANNUAL REPORT

**Mailing Address**

P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. §§ 37-7-101 through - 122  
(803) 734-4251 | [www.consumer.sc.gov](http://www.consumer.sc.gov) | (803) 734-4200

**Street Address**

293 Greystone Boulevard, Ste. 400  
Columbia, SC 29210-8004

**IMPORTANT:** Print legibly or type information requested on this form in its entirety. Illegible or faxed forms will not be accepted. When completing this form, attach additional pages as necessary.

**\*This form must be submitted to the Department by April 15<sup>th</sup>. The Department may impose a fine of \$50 for each day the Annual Report is overdue.\***

### GENERAL INFORMATION

Business Name  
(Headquarters/Main) \_\_\_\_\_

DBA \_\_\_\_\_

License Number \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

(If different from above)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person\*\* \_\_\_\_\_ Telephone No. ( ) - \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax No. ( ) - \_\_\_\_\_

*\*\*The contact person is the person the Department will call with any questions about the application.*

### SERVICES OFFERED

Which service(s) does the Organization offer? (check all that apply) **NOTE:** A separate Report must be completed for each service provided.

Debt Management                       Credit Repair Services                       Debt Negotiation/Settlement

This Report relates to:

Debt Management                       Credit Repair Services                       Debt Negotiation/Settlement

### QUESTIONS

1. Have any of the following event occurred? Only include events of which you have not notified the Department. If "Yes," attach complete details.

a.) Has a governmental authority instituted a revocation, suspension, or other proceeding against the licensee?  Yes  No

- b.) Has the licensee or any of its members, partners, directors, officers, trustees, beneficiaries, or principles received felony indictments or convictions?  Yes  No
- 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?  Yes  No
- d.) Has a civil action been filed against the licensee?  Yes  No

2. Answer the following questions based on the Organization's business conducted during the previous calendar year.

STATEMENT	AMOUNT	
	<i>Nationwide</i>	<i>South Carolina</i>
a.) Total number of <u>existing</u> Agreements/Contracts (i.e., entered into before this past calendar year)		
b.) Total number of <u>new</u> Agreements/Contracts (i.e., entered into 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 payments to creditors		
f.) Average amount of consumer debt at the time of entering into the Agreement/Contract		
g.) Monthly average of consumers' funds in any trust account. (If a daily average of consumers' funds would be more accurate, please provide the daily average and indicate so in this section.)		
h.) Average length/term of Agreement/Contract	Months	
i.) Percentage of consumers that enroll	%	
j.) Percentage of Agreements/Contracts terminated	%	
k.) Percentage of Agreements/Contracts completed	%	

The undersigned warrants that his or her signature is duly authorized and delivered by and for the business for which s/he signs. The undersigned swears or affirms and certifies that all information contained in this form and any attachments to this form is true, accurate, and complete.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

**The South Carolina Freedom of Information Act may require the Department to release a copy of your filing as a public record. Personal identifying information will be released only if required by law.**