



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

S.C. Code Ann. § 37-7-115(A)
www.sccconsumer.gov
803-734-4236

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

Street Address
3600 Forest Drive, 3rd Floor
Columbia, SC 29204-4406

Please Type or Print Legibly in Ink. Attach additional page(s) as necessary.
This form must be submitted to the Department by April 15th.
DO NOT FAX THIS FORM

1. Full Name of Credit Counseling Organization: _____
2. Trade Name (D/B/A): _____ License No.: _____
3. Contact Person: _____
4. Organization's Mailing Address: _____
(Street Address)

(City)
(State)
(Zip Code)

5. Telephone Number: () - _____ Fax Number: () - _____
6. a. Which services 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
7. GENERAL QUESTIONS: Answer the following questions based on the credit counseling organization's business conducted during the **previous calendar year**.

	STATEMENT	AMOUNT	
a. Total number of existing consumers serviced by your credit counseling organization. <i>(i.e.: entered into a contract before this past calendar year).</i>		Nationwide	South Carolina
b. Total number of new consumers serviced by your credit counseling organization. <i>(ie: entered into a contract this past calendar year).</i>		Nationwide	South Carolina
c. Total amount of fees collected from consumers. <i>(This only includes the fees you charged the consumers).</i>		Nationwide	South Carolina
d. Total amount of money collected from consumers for payment to creditors, if applicable.		Nationwide	South Carolina
e. 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>		Nationwide	South Carolina
f. Average length of a contract.			Months
g. Percentage of consumers that enroll in a Plan, if applicable.			%

8. 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 which is related to the licensee's credit counseling organization in any state? | <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 judgment been entered against the licensee in a civil action relating to the DMP of a consumer who is a resident of South Carolina? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. PENALTIES: The Department may impose a fine of fifty dollars (\$50) for each day the Annual Report or any other required report is overdue. | <input type="checkbox"/> | <input type="checkbox"/> |

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 _____
My Commission Expires: _____

Type or Print your name and Business Relationship or Title