

**COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION  
BUREAU OF FINANCIAL INSTITUTIONS  
ANNUAL REPORT OF DEBT SETTLEMENT SERVICES  
PROVIDERS FOR THE YEAR ENDING DECEMBER 31, 2024**

**Bureau of Financial Institutions  
1300 East Main Street, Suite 800  
Post Office Box 640  
Richmond, Virginia 23218-0640**

**SECTION I  
GENERAL INFORMATION**

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1. Name and mailing address of licensee:

2. Virginia License Number:

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3. Number of offices, authorized and opened, as of December 31, 2024:

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4. Provide the name, title, address, **telephone number, fax number and e-mail address** for the individual to be contacted with respect to:

(A) Questions which may arise from this report:

(B) Scheduling Examinations:

(C) Consumer Complaints:

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5. During 2024, did the licensee comply with the written notification requirements described in § 6.2-2032 pertaining to the opening, relocation, and closing of offices? If not, provide the effective date of such events in a separate written statement.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

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6. During 2024, did the licensee notify the Commissioner, in writing, of the name, address, and position of each new senior officer, member, partner, director or principal? If not, provide the required information in a separate written statement.

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

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7. Describe any transactions that occurred in 2024 which resulted in an individual or entity acquiring, directly or indirectly, 25 percent or more of the ownership of the licensee. Attach additional 8 ½" x 11" paper if necessary.

## SECTION I (CONTINUED)

8. During 2024, did the licensee comply with the reporting requirements described in § 6.2-2036 and 10VAC5-230-30 A? If not, provide a separate written statement describing such events and their expected impact upon the business of the licensee. Answer “yes” if no such reportable events occurred during the year or if all such events have previously been reported.

YES \_\_\_\_\_ NO \_\_\_\_\_

## SECTION II

### OPERATING DATA FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2024

8. Total number of agreements to provide debt settlement services maintained\*: \_\_\_\_\_  
*\*Sum of (i) the number of agreements a licensee entered into during the annual reporting period, and (ii) the number of agreements entered into prior to the start of the reporting period that had not been terminated or completed as of January 1 of the reporting period.*
9. Total number of agreements to provide debt settlement services entered into: \_\_\_\_\_
10. Total principal amount of debt enrolled by consumers into the licensee's debt settlement services: \$ \_\_\_\_\_
11. Total number of settled debts: \_\_\_\_\_
12. Total principal amount to be paid by consumers to satisfy settled debts: \$ \_\_\_\_\_
13. Total principal amount of settled debts: \$ \_\_\_\_\_
14. Total amount of fees charged pursuant to § 6.2-2041: \$ \_\_\_\_\_
15. Total amount of fees received pursuant to § 6.2-2041: \$ \_\_\_\_\_
16. Total number of debt settlement services agreements terminated by consumers: \_\_\_\_\_

## AFFIDAVIT

State of \_\_\_\_\_)

County or City of \_\_\_\_\_)

I, \_\_\_\_\_, being the \_\_\_\_\_  
(Name of Officer of Licensee) (Title)

of \_\_\_\_\_ swear or affirm that, to the best of my  
(Debt Settlement Services Provider Licensee)

information and belief, the facts in this report, including any accompanying schedules and statements, are true.

\_\_\_\_\_  
Signature of Officer of Licensee

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

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

Registration Number of Notary: \_\_\_\_\_  
My commission expires: \_\_\_\_\_