

**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**

1. Name and mailing address of licensee: _____

2. Virginia License Number: _____

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

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: _____

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 _____

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 _____

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 1/2" 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: _____