

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION
BUREAU OF FINANCIAL INSTITUTIONS
SEMI-ANNUAL REPORT OF AGENCIES PROVIDING DEBT MANAGEMENT PLANS
FOR THE PERIOD ENDING December 31, 2018

Licensee's Name and Mailing Address

Virginia License Number: _____

Licensee's E-mail Address (if any): _____

Provide the following information with respect to business conducted pursuant to the Virginia Credit Counseling Act for the period ending December 31, 2018. (Virginia Business Only)

Month	Monthly Volume of Funds Received	Number of Active Virginia Clients
1. July	_____	_____
2. August	_____	_____
3. September	_____	_____
4. October	_____	_____
5. November	_____	_____
6. December	_____	_____
7. Total For Period	_____	_____

The undersigned certifies that the facts outlined in this report are true and that he/she has been duly authorized to file the report.

Date

Signature

Telephone Number

Print Name and Title

FOR OFFICIAL USE ONLY

8. Monthly Average	_____
9. Bond requirement	_____
10. Current Bond Amount	_____