

Kansas Credit Services Organization 2015 Annual Report

KANSAS OFFICE OF THE STATE BANK COMMISSIONER
CONSUMER AND MORTGAGE LENDING DIVISION
700 SW Jackson Street, Suite 300
Topeka, KS 66603

INSTRUCTIONS: Pursuant to K.S.A. 50-1116 et seq., all Credit Services Organization registrants are required to file an annual written report with the Office of the State Bank Commissioner (OSBC) on or before March 1st of each year. Complete the following information and return this form **by MARCH 1, 2016** via email to: karla.meadors@osbckansas.org or mail to the OSBC at the address listed above. **When used herein, "PERIOD" is the entire calendar year of 2015.**

Name of Registrant:		Registration Number: CSO. _____
Street Address:		
City:	State:	Zip Code:

KANSAS CREDIT SERVICES ORGANIZATION ACTIVITY		Number of Contracts (#)	Dollar Volume (\$)
1	Enter the total number (#) of new Debt Management Service contracts entered into with Kansas consumers during the PERIOD:		
2	Enter the total dollar amount (\$) of moneys remitted to your organization by Kansas consumers during the PERIOD which were held in an established trust account for disbursement to their creditors:		
3	Enter the total dollar amount (\$) of fees paid by Kansas consumers to your organization during the PERIOD, itemized as follows:		
3a	Consultation Fees: \$ _____	3d	Voluntary Contributions: \$ _____
3b	Maintenance Fees: \$ _____	3e	Other Fees (Explain below): \$ _____
3c	Counseling Fees: \$ _____	Describe Other Fees listed in 3e :	
4	Enter the total number (#) of Kansas Debt Management Service contracts successfully completed in the PERIOD:		
5	Enter the total number (#) of Debt Management Service contracts existing with Kansas consumers as of December 31, 2015:		
6	Enter the dollar amount of your organization's total assets as of the last fiscal year-end:		

ATTESTATION AND SIGNATURE		
The following section should be completed by an Authorized Executive Officer of the Credit Services Organization.		
I hereby swear and affirm that the information contained herein is true and correct to the best of my knowledge and belief. Further, I understand that filing with the commissioner any document or statement containing any false representation, inaccuracy, or omission may cause the Credit Services Organization Registration to be denied, suspended, or revoked in accordance with K.S.A. 50-1116 et seq.		
Print Name of Authorized Officer:	Signature of Officer:	Date:
Name of Person Completing this Form:	Email Address:	Phone Number: