



State of New Hampshire

Banking Department

64B Old Suncook Rd
Concord, NH 03301

Telephone: (603) 271-3561

Fax: (603) 271-0750

Licensing: (603) 271-8675

www.nh.gov/banking

Peter C. Hildreth
Bank Commissioner

Robert A. Fleury
Deputy Bank Commissioner

DEBT ADJUSTER FORM 399-D-AR

2006 ANNUAL REPORT - GENERAL INSTRUCTIONS

1. Information provided in this form is aggregated and an analysis is published by the New Hampshire Bank Commissioner in his Annual Report to the Governor and Executive Council. The accuracy of the information is also important because it will be used by the New Hampshire Banking Department ("the department") if assessment calculations are needed.
2. A Debt Adjuster who surrenders its license during the 2006 calendar year must file this annual report form, along with a NH License Surrender Form, within 15 days from the date the company ceases business in New Hampshire.
3. All Debt Adjusters continuing to be licensed in accordance with NH RSA 399-D or whose license expired on December 31, 2006 and who were licensed during any period of time during the preceding calendar year must complete and file this report with the department on or before February 1st of the ensuing year. All annual reports for calendar year 2006 must be received by the department on or before the close of business on Thursday, February 1, 2007.
4. All items on the form must be completed; do not leave any blanks. Reports with blanks are incomplete and will be deemed as "not filed" for purposes of any penalty. If an item is not applicable to the type of business conducted by the licensee, enter "N/A", "none", "O", or "zero".
5. **SAVE YOUR CALCULATIONS.** Work papers used to calculate and compile the information required by this form must be retained and made available when the licensee is examined by the department.
6. This report must be filed if a license was held for a portion of the reporting year and must be filed even if no contracts were made. The original report, signed under penalty of unsworn falsification pursuant to NH RSA 641:3, must be physically delivered to the department; we cannot accept fax transmissions of reports. Failure to file the annual report or late filing of the annual report results in a statutory penalty of \$25 per day for each day the report is overdue.
7. No fee is required to file this annual report.
8. Information in this report must be provided for the amount of debt adjustment business conducted by the licensee from all business locations in New Hampshire and from any other location or method, including the Internet, with consumers located in New Hampshire during calendar year 2006. Amounts reported business should include all debt adjustment contracts made in NH and/or all debt adjustment contracts made with consumers located in NH.
9. Round dollar amounts to the nearest whole number.
10. Schedule A: The three columns should reflect the company's debt adjustment business conducted in NH or with NH consumers. Include each NH debt adjustment contract entered into by the company during 2006 only once on the first line of Schedule A. The second line of Schedule A should reflect NH contracts actually outstanding on the books of the licensee on December 31, 2006.

DEBT ADJUSTER
2006 NH ANNUAL REPORT FORM 399-D-AR
Reporting Period: January 1, 2006 through December 31, 2006

1. Legal name of licensee: _____
2. Trade Name (if applicable): _____
3. Licensee's federal tax ID number: _____ 2006 NH principal office license number: _____
4. Contact person regarding this report (this must be the company's duly authorized person who affirms the accuracy, signs and files this report)
 Name: _____ Title: _____
- 5 Communications: _____
 (Tel. no.) (Fax no.) (Cell) (E-mail Address)

6 SCHEDULE A: 2006 DEBT ADJUSTER REPORT - The information provided in this report must reflect the total amount of debt adjustment business conducted by the licensee from all business locations in New Hampshire and from any other location or method, including the Internet, with consumers located in New Hampshire. (Round dollar amounts to the nearest whole number)

Category	Total Number of Contracts in NH	Total Dollar Amount of Contracts in NH
NH Debt Adjustment Contracts made during 2006		\$
NH Debt Adjustment Contracts outstanding as of December 31, 2006.		\$

7. Enter the number of NH debt adjustment contracts that went into default during the reporting period: _____.

Please note that pursuant to NH RSA 399-D:15,VII, all persons licensed by the NH Banking Department must report and amend their filing(s) for any material changes (including but not limited to change in owners, officers, directors, managers including NH branch managers, address, form of organization, contact information, FYE, etc.) to the documents and records on file with the department. The report of an amendment must be filed within 30 days of the event that requires the filing of an amendment.

AFFIRMATION

The information provided in this report reflects the total amount of debt adjustment business conducted by the licensee during 2006 from all business locations in New Hampshire and from any other location or method, including the Internet, with consumers located in New Hampshire.

I subscribe and affirm, under penalty of perjury and under penalty of Unsworn Falsification pursuant to NH RSA 641:3, that the statements made in this report have been examined by me and to the best of my knowledge and belief are true, correct and complete, and that I am duly authorized to submit this report and execute this affirmation. I understand that any misrepresentation made to the department may result in denial or revocation of the license to which this form relates.

I acknowledge on behalf of the licensee that the licensee will retain work papers and other documents used in the preparation of this report and that the licensee will make such records available to the department upon request or examination.

Date: _____

For _____
 (Print or type Licensee's name)

By _____
 (Print or type name of the authorized signatory)

Signature _____
 (Signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3)

Title _____