



# State of New Hampshire

## Banking Department

53 Regional Drive, Suite 200

Concord, NH 03301

Telephone: (603) 271-3561

Fax: (603) 271-0750

Licensing: (603) 271-8675

[www.nh.gov/banking](http://www.nh.gov/banking)

## DEBT ADJUSTER FORM 399-D-AR

### 2015 ANNUAL REPORT

#### GENERAL INSTRUCTIONS

1. Information provided in this form is aggregated with similar license types and an analysis is published by the New Hampshire Bank Commissioner in the 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 2015 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. Debt Adjusters who continue to be licensed in accordance with NH RSA 399-D or whose license expired on December 31, 2015 and who were licensed during any period of time during 2015 must complete and file this report with the department on or before March 31<sup>st</sup> of the ensuing year.
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 upon request or when the licensee is examined by the department. It is not sufficient to try to re-create the work papers at examination.
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 loans were originated, brokered or made. The original report, signed under penalty of unsworn falsification pursuant to NH RSA 641:3, must be delivered to the department by hand or by mail, or completed via our on-line reporting mechanism; 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. Round dollar amounts to the nearest whole number.
9. If any information reported on the annual report is discovered to be inaccurate, the entity must file an amended report immediately. Amended annual reports can NOT be submitted using the on-line form. The form must be printed and delivered to the department.
10. Definitions:

**"Debt adjustment"** means:

- (i) providing debt management advice or counseling to consumers for direct or indirect compensation; or
- (ii) creating debt management plans for consumers for direct or indirect compensation; or
- (iii) negotiating with debtors on behalf of consumers for direct or indirect compensation; or
- (iv) receiving, for a fee or compensation and as agent of a debtor, money or evidences thereof for the purpose of distributing such money or evidences thereof among creditors in full or partial payment of obligations of the debtor.

**"Gross Revenue"** means all revenue from whatever source received by the licensee on NH debt adjustment business before any expenses are deducted. This includes both direct and indirect compensation as well as all other contracts, services, and products sold to NH consumers.

**"NH debt adjustment"** services include all debt adjustment contracts, services and products sold by the licensee from all business locations in New Hampshire and also includes debt adjustment contracts, services and products provided at any other location or method, including the Internet, to persons located in NH, during calendar year 2015.

## **SPECIFIC SCHEDULE INSTRUCTIONS**

### **SCHEDULE 1:**

1. Complete Schedule 1 for all business conducted during 2015.
2. Include debt adjustment business made by the licensee from all business locations in New Hampshire regardless of where the consumer is located.
3. Include debt adjustment business made from any location or method, including the Internet, with consumers located in New Hampshire.
4. "Number of NH contracts" refers to only new debt management plans or contracts during the year.
5. "Total Dollar Value of NH contracts" refers to the total amount of indebtedness to be paid through the contract.
6. Examples of "Other Debt Adjustment Services and Products" include:
  - a. Credit counseling or debt management activity that is separate from a debt management plan
  - b. Books, CD's, tutorials, and courses offered
7. Include gross revenue from fees and charges from consumers as well as monies earned from creditors or other 3<sup>rd</sup> parties.
8. The bottom section of the Schedule is for outstanding business (active debt management plans or contracts) at the end of the year.
9. Include in the "outstanding" business ANY contract that remains outstanding, not just 2015 contracts that remain outstanding.
10. The "Total Dollar Value" of outstanding contracts would identify the amount of indebtedness that remains unpaid on the accounts identified in the contract.

### **SCHEDULE 2:**

1. Complete Schedule 2 if you service debt management plans/contracts.
2. Default and Delinquency information should reflect the contract between you and the consumer, not the contracts with the consumers' individual creditors.

**DEBT ADJUSTER**  
**2015 NH ANNUAL REPORT FORM 399-D-AR**  
**Reporting Period: January 1, 2015 through December 31, 2015**

Legal name of licensee: \_\_\_\_\_

Trade Name (if applicable): \_\_\_\_\_

Licensee's federal tax ID number: \_\_\_\_\_ 2015 NH principal office license number: \_\_\_\_\_

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: \_\_\_\_\_

Communications: \_\_\_\_\_  
(Tel. no.) (Fax no.) (Cell) (E-mail Address)

**SCHEDULE 1: DEBT ADJUSTMENT BUSINESS CONDUCTED DURING 2015:**  
**(Round dollar amounts to the nearest whole number)**

Category	Total Number of NH Contracts	Total Dollar Value of NH Contracts	Total Number of Other Debt Adjustment Services & Products	Total Dollar Value of Other Debt Adjustment Services and Products Provided	Gross Revenue from NH Debt Adjustment Business (include other contracts, all other services and products and revenue from 3 <sup>rd</sup> parties such as creditors)
2015 NH Debt Adjustment Business		\$		\$	\$
NH contracts, or billings for services and products, outstanding on December 31, 2015		\$		\$	

**SCHEDULE 2: DEBT ADJUSTMENT PLANS/CONTRACTS IN DEFAULT:**

Enter the number of NH debt adjustment contracts that went into default during the reporting period: \_\_\_\_\_

Enter the number of NH contracts delinquent (number of days past the payment due date) as of 12/31/2015:

(a) 30-60 days \_\_\_\_\_ (b) 61-90 days \_\_\_\_\_ (c) 91-120 days \_\_\_\_\_ (d) over 120 days \_\_\_\_\_

**AFFIRMATION**

The information provided in this report reflects the total amount of debt adjustment business conducted by the licensee during 2015 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 \_\_\_\_\_