Office of the
State Bank Commissioner

Kansas Credit Services Organization
YTD Report Upon Surrender

CONSUMER AND MORTGAGE LENDING DIVISION
700 SW Jackson Street, Suite 300
Topeka, KS 66603

DATE OF REPORT: ☐

INSTRUCTIONS AND DUE DATE: Pursuant to K.S.A. 50-1116 *et seq.,* all Credit Services Organization licensees are required to file an annual written report with the Office of the State Bank Commissioner (OSBC). Complete the following information and return this form upon completion via email to: licensing@osbckansas.org within 15 days from requesting surrender. **When used herein, the term "PERIOD" means year-to-date from JANUARY 1 through the DATE OF REPORT.**

Name of Licensee:		**License Number:** CSO._____
Street Address:		
City:	**State:**	**Zip Code:**

	KANSAS CREDIT SERVICES ORGANIZATION ACTIVITY	**Number of Contracts (#)**	**Dollar Volume ($)**
1	Enter the total number (#) of new Debt Management Service contracts entered into with Kansas consumers during the YTD PERIOD:		
2	Enter the total dollar amount ($) of moneys remitted to your organization by Kansas consumers during the YTD 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 YTD 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 YTD PERIOD:		
5	Enter the total number (#) of Debt Management Service contracts existing with Kansas consumers as of SURRENDER/LAPSE above:		
6	Enter the dollar amount of your organization's total assets from its financial statements 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 License 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:**