

# Kansas Credit Services Organization

## 2017 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 licensees are required to file an annual written report with the Office of the State Bank Commissioner (OSBC) by April 1. For this period only, the deadline has been extended to **APRIL 30, 2018** due to a technical issue on the renewal website. Complete the following information and return this form via email to: [licensing@osbckansas.org](mailto:licensing@osbckansas.org) or mail to the OSBC at the address listed above. When used herein, "PERIOD" is the entire calendar year of 2017.

<b>Name of Licensee:</b>		<b>License Number:</b> CSO. _____	
<b>Street Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>

KANSAS CREDIT SERVICES ORGANIZATION ACTIVITY		Number of Contracts (#)	Dollar Volume (\$)
<b>1</b>	Enter the total number (#) of new Debt Management Service contracts entered into with Kansas consumers during the PERIOD:		
<b>2</b>	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:		
<b>3</b>	Enter the total dollar amount (\$) of fees paid by Kansas consumers to your organization during the PERIOD, itemized as follows:		
<b>3a</b>	Consultation Fees: \$ _____	<b>3d</b>	Voluntary Contributions: \$ _____
<b>3b</b>	Maintenance Fees: \$ _____	<b>3e</b>	Other Fees (Explain below): \$ _____
<b>3c</b>	Counseling Fees: \$ _____	Describe Other Fees listed in 3e:	
<b>4</b>	Enter the total number (#) of Kansas Debt Management Service contracts successfully completed in the PERIOD:		
<b>5</b>	Enter the total number (#) of Debt Management Service contracts existing with Kansas consumers as of December 31, 2017:		
<b>6</b>	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.		
<b>Print Name of Authorized Officer:</b>	<b>Signature of Officer:</b>	<b>Date:</b>
<b>Name of Person Completing this Form:</b>	<b>Email Address:</b>	<b>Phone Number:</b>