INSTRUCTIONS FOR COMPLETION OF THE ANNUAL REPORTING REQUIREMENTS

This Annual Reporting Package applies ONLY to companies with an “Approved” license and complete license record in the NMLS.

FILE QUARTERLY AND ANNUAL AGENT REPORTS VIA ONE OF THE FOLLOWING OPTIONS:

Option 1:  FILE THE QUARTERLY AND ANNUAL AGENT REPORTS ONLINE WITH ACCESS IDAHO (required if reporting 100 + agents). Access Idaho and the Department of Finance offer a free online filing and record maintenance system for agent filings. This option allows companies to enter new agents, manage existing agents and rosters, track late or missing filings, and even pay for their quarterly agent additions or annual renewal agent fees by e-check or credit card. Licensees only incur the cost of any convenience fee associated with their chosen payment method. Reports may be filed up to 30 days prior to the due date of March 15, 2020, and you can amend and view your current and inactive agents at any time and from anywhere you have internet access. You can still access a demonstration of the process by clicking on this LINK. Questions may be directed to collections@finance.idaho.gov or by calling 208-332-8002.

Option 2:  PROVIDE A COMPLETE ANNUAL/QUARTERLY NOTIFICATION OF AGENTS/COLLECTORS FORM FOR ALL ACTIVE COLLECTORS/AGENTS, INCLUDING THE RESPONSIBLE PERSON IN CHARGE (RPIC), ALONG WITH A CHECK FOR REQUIRED FEES. You may download the excel spreadsheet from our website at www.finance.idaho.gov. Open up the excel spreadsheet and save it to your system, then reopen the spreadsheet to make all entries. Follow the “Annual Report Instructions.” The form must remain in 8½ x 11 landscape format and the font must remain at a minimum size of 10 point. Inactive or terminated agents are to be reported but no fees for this category are required. Report content must be current as of February 15 or later and filed by no later than March 15. Reports filed with earlier dated content will require additional information.

Agent/Collector Annual Notification Reports not filed with payment made by March 15, 2020, may subject the licensee to administrative action pursuant to the Act.

ENSURE ALL RENEWAL FILINGS ARE POSTMARKED BY NO LATER THAN MARCH 15, 2020. This includes the Annual Report of Activity, Surety Bond Calculation, and Annual Notification of Agent Forms. We strongly recommend filing by no later than February 15, 2020, to allow time for processing and the opportunity to correct deficiency items required to be cleared or completed prior to March 15, 2020. Submissions that are postmarked or date-stamped as delivered after March 15, 2020, may subject the licensee to administrative action pursuant to the Act.

Make Sure to Send the Following With the Annual Reporting Package:

☐ Annual Notification of Agent Form signed/dated OR completion of Annual Notification Report Filing submitted through Access Idaho (Option 1) OR alternative report filing via excel spreadsheet accompanied by $20 per active Agent/Collector/RPIC fee (Option 2);
☐ Annual Report of Activity Form;
☐ Surety Bond Calculation Form and electronically- filed surety bond rider through NMLS, if applicable

http://finance.idaho.gov
Phone: 208-332-8002, Option 4
Fax: 208-332-8099
Email: collections@finance.idaho.gov
# Idaho Collection Agency Annual Report of Activity for 2019

To be completed by ALL Licensees

**Due By March 15, 2020**

Complete the following information as it applies to the licensee’s business activities conducted in 2019. If the information requested does not apply to the licensee’s 2019 business activities, insert “NA” or “0” but do not leave blank.

## 1. TOTAL COLLECTION ACTIVITIES IN 2019

<table>
<thead>
<tr>
<th></th>
<th>$$$ Dollar Amount $$$</th>
<th>## Number of Debtor Accounts##</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Collections</td>
<td>$__________________</td>
<td>#____________________________</td>
</tr>
<tr>
<td>Gross Fees Received</td>
<td>$__________________</td>
<td>#<strong><strong><strong><strong>NA</strong></strong></strong></strong></td>
</tr>
<tr>
<td>Idaho Collections</td>
<td>$__________________</td>
<td>#____________________________</td>
</tr>
<tr>
<td>Fees Received from Idaho Debtors</td>
<td>$__________________</td>
<td>#<strong><strong><strong><strong>NA</strong></strong></strong></strong></td>
</tr>
</tbody>
</table>

## 2. IDAHO ACTIVITY ONLY

<table>
<thead>
<tr>
<th></th>
<th>## Number of Accounts##</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Number of Idaho creditor clients for which collections services are performed</td>
<td>#__________________</td>
</tr>
<tr>
<td>b. Number of Idaho debtor clients contracted for credit repair services</td>
<td>#__________________</td>
</tr>
<tr>
<td>c. Number of Idaho debtor clients contracted for debt or credit counseling services</td>
<td>#__________________</td>
</tr>
<tr>
<td>d. Number of Idaho debtor clients <strong>contracted</strong> for debt settlement services</td>
<td>#__________________</td>
</tr>
<tr>
<td>e. Number of Idaho consumer accounts <strong>settled</strong> through debt settlement</td>
<td>#__________________</td>
</tr>
<tr>
<td>f. Number of charged-off accounts or other delinquent debt accounts purchased by licensee involving Idaho debtors</td>
<td>#__________________</td>
</tr>
<tr>
<td>g. Number of payday loans collected upon involving Idaho debtors</td>
<td>#__________________</td>
</tr>
</tbody>
</table>

Certification of an owner, officer, director, partner or member: I HEREBY CERTIFY that the statements contained in this report or any attachments are true and correct, and represent the collection related activity of the above-named licensee for the period January 1, 2019 through December 31, 2019.

Signature: ____________________________  Phone: ____________________________
Printed Name: ____________________________  Email: ____________________________
Title: ____________________________  Date: ____________________________
2020 COLLECTION AGENCY LICENSEE SURETY BOND CALCULATION
Must be Filed by March 15, 2020

Complete either Section 1 or Section 2 based on your license type
Pertains to Idaho activity only

Complete all information—do NOT leave any space blank or solely default to maximum coverage.
Attach surety bond rider, if applicable, to this form filing.

Section 1: Applies only to Collection Agencies with a license number prefix of “CCA”

A. Calculate any change in bond amount required pursuant to Idaho Code § 26-2232 or § 26-2232A

1) Total gross payments to agency during 2019
   (Pertains to Idaho activity only) Should match amount shown on Annual Activity Report Section 1 “Idaho Collections”

2) Subtract fees earned (pertains to Idaho activity only)
   Should match amount shown on Annual Activity Report Section 1 “Fees Received from Idaho Debtors”

3) Equals TOTAL NET COLLECTIONS

4) Divide total net collections by 6

5) Round to the next highest $1,000
   (minimum $15,000 - maximum $100,000)

**This is your new required surety bond amount. Provide a fully executed bond rider for any changes.

OR

Section 2: Applies to licensees with a license number prefix of “CDC,” “CDB,” “CDS,” or “CCR”

B. Calculate any change in bond amount required pursuant to Idaho Code § 26-2232A

1) Total moneys accepted, received or held for another party during 2019
   (Pertains to Idaho activity only)

2) Divide by 6

3) Round to the next highest $1,000

   (minimum $15,000 - maximum $100,000)*

   **This is your new required surety bond amount. Provide a fully executed bond rider for any changes.

Certification of an owner, officer, director, partner or member: I HEREBY CERTIFY that the statements contained in this report and any attachments are true and correct and are based on the business activities of the licensee identified below for the period of January 1, 2019, through December 31, 2019, pursuant to the license issued to it under the Idaho Collection Agency Act.

Licensed Company Name: ____________________________________________    License #: _______________________________

Signature: ___________________________________________________________    NMLS #: ______________________________

Printed Name: _________________________________________________________    Title: ______________________________

Phone: ______________________  Email: _________________________    Date: ______________________________