For Use as a Worksheet Only -- Do Not Send to the Department!

State of New Jersey
Department of Banking & Insurance

Annual Report Worksheet for Mortgage Foreclosure Consultants

Year Ending December 31, 2023

New Jersey Department of Banking & Insurance
Division of Banking
Attn: Sharon Davis -- 8th floor
20 West State Street
Trenton, NJ 08625-0040

Licensee Demographics

The online application will populate the associated fields with the data currently found in our Licensing System.
All information requested below will be <u>required</u> by the online application (unless indicated otherwise.)

NJ License Reference Number: _____

(This is the 7-digit identification number found on your licensing certificate, followed by one of the following type codes: C29, P29, or I29.)

Licensee Name: _____

Business Address: _____

_____

_____

_____

Telephone Number: _____

FAX Number: _____

Business E-mail: _____

Every licensee **must** include their official business e-mail address in their annual report according to N.J.A.C. 3:23-4.1. Failure to supply your official business e-mail address will result in a failure to comply with the annual report filing.

Note: All licensees who were actively licensed in New Jersey for any period of time from January 1, 2023 through December 31, 2023 are <u>required</u> to file an annual report. You are required to file an annual report even if you did no business in 2023. Audited financial statements are <u>not</u> required to complete your annual report.

If you were actively licensed on December 31, 2023, your annual report must reflect the total activity of your New Jersey business as of the end of 2023.

If you surrendered your license during 2023, your annual report must reflect the total activity of your New Jersey business as of the date of surrender.

Your annual report should only reflect the amount of business done with *New Jersey consumers* thru your main office <u>and</u> all New Jersey branch offices during 2023.

If you actively held two or more New Jersey licenses during 2023, you must file an annual report for <u>each</u> type of license.

NJ License Reference Number: _____

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Compensation Activity Section

Mortgage Foreclosure Consultant Compensation
as of 12/31/2023 or Close of Business

The online application will ask you to provide the following information concerning your mortgage foreclosure consultant compensation from January 1, 2023 thru December 31, 2023 and ***for New Jersey consumers only***.

1	Total Number of Agreements entered into during the year	
2	Total Compensation Received during the year	
3	Average Compensation (per agreement) for the year *(Divide line 2 by line 1, and **round the result to the nearest whole number.**)*	

NJ License Reference Number: _____

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Surety Bond Policies

Surety Bond Requirement

The surety bond requirement for your business is a blanket rate of $75,000, unless otherwise informed by the Department of a need to increase your requirement.

The online application will ask for detailed information concerning each surety bond in effect as of December 31, 2023. The following page of this worksheet is provided to assist you in compiling that information.

Once the detailed surety bond information has been entered, the online application will automatically perform the necessary calculations to verify that the requirement has been satisfied. The following chart is provided so you can compare your results with ours.

1	Total Amount of Coverage as of December 31, 2023 *(Add all amounts of coverage reported on any Surety Bond Policy Detail pages.)*	
2	Base Surety Bond Requirement for the Principal Business	**$ 75,000**
3	Additional Surety Bond Requirement *(As directed by the Department. If none, enter zero.)*	
4	Required Surety Bond Coverage *(Add line 2 and line 3.)*	

The Total Amount of Coverage (line 1) must be sufficient to meet your Surety Bond Requirement (line 4).

NOTE: If your current coverage is deficient, provide original documentation to the Department evidencing that the required coverage has been obtained. Please send this information to the address at the bottom of the cover page.

NJ License Reference Number: ____________________

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Surety Bond Policies

Surety Bond Policy Detail Information

(make additional copies, if needed)

Please enter the Surety Company information for each policy in force as of December 31, 2023, or, if you are no longer actively licensed, at Close of Business.

Name of Provider:					
Business Address:					
	City:		**State:**		**ZIP:**
Policy Number:		**Amount of Coverage:**			
Effective Date:		**Paid Thru or Expire Date:**		☐ **No Expiration Date**	

Name of Provider:					
Business Address:					
	City:		**State:**		**ZIP:**
Policy Number:		**Amount of Coverage:**			
Effective Date:		**Paid Thru or Expire Date:**		☐ **No Expiration Date**	

Name of Provider:					
Business Address:					
	City:		**State:**		**ZIP:**
Policy Number:		**Amount of Coverage:**			
Effective Date:		**Paid Thru or Expire Date:**		☐ **No Expiration Date**	

Name of Provider:					
Business Address:					
	City:		**State:**		**ZIP:**
Policy Number:		**Amount of Coverage:**			
Effective Date:		**Paid Thru or Expire Date:**		☐ **No Expiration Date**	

NJ License Reference Number: _____

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Affidavit

This sample affidavit is included for completeness only. The online application will collect all of the necessary information. DO NOT MAIL THIS AFFIDAVIT to the Department, unless you are specifically instructed to do so.

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I hereby certify that the information provided in connection with this Annual Report is true to the best of my knowledge and belief:

_____ _____
(Date) *(Signature of Licensee or Responsible Party)*

Please enter the following information for the individual preparing this report:

Name of Preparer _____

Title of Preparer _____

Phone of Preparer _____

E-mail of Preparer *(if available)* _____

Please enter the following information for the licensee or individual responsible for the licensed entity. If that person no longer holds an active license, please put the mailing address of their current location or the location where they would like their mail sent so future mailings may be successfully sent to them.

Name of Responsible Party _____

Title of Responsible Party _____

Address of Responsible Party _____

Phone of Responsible Party _____

E-mail of Responsible Party _____

Every licensee **must** include their official e-mail address in their annual report according to N.J.A.C. 3:23-4.1. Failure to supply your official e-mail address will result in a failure to comply with the annual report filing.

========== *Notarization* ==========

State of _____ County of _____

Sworn to and subscribed before me this _____ day of _____ in the year _____ , and I hereby certify that I am not an officer or director of this entity.

_____
(Signature of Notary Public)

My commission expires on _____
(Date)