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|   | ANNUAL FILINGBUREAU OFCONSUMER CREDIT PROTECTION35 STATE HOUSE STATIONAUGUSTA ME 04333-0035(207) 624-8527 |  |
| LOAN Servicer |  | **DUE: Jan 31, 2025** |
| Name and Address: | **FOR OFFICE USE ONLY Do not write in this box.** |
| CK # | CN |
| AMT | DATE |
|  |  |
| **PAYMENT OPTIONS: 1) Check or Money Order Payable to “Treasurer, State of Maine”. Write license number on check; or 2) Credit Card: MasterCard or VISA only. Complete the following: I authorize the State of Maine, Bureau of Consumer Credit Protection to charge my MasterCard /VISA** \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ **Exp Date \_\_\_\_\_\_/\_\_\_\_\_\_\_ in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_ for the purpose of this Annual Filing and reporting requirement.** |

In accordance with the provisions of the Maine Consumer Credit Code, this notification is hereby filed with the Bureau of Consumer Credit.

1. Type of credit contracts serviced (Mortgage, Auto or Other [Describe]) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Fees Due:

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| --- | --- |
| 1. Annual notification fee (Main Office) | 20.00 |
| 2. Branch fee ( $10 each additional location) |  |
| TOTAL FEES DUE (Sum of 1 and 2) |  |

ON A SEPARATE SHEET OF PAPER, PROVIDE THE FOLLOWING:

1. Provide a detailed description of the types of activities the company performs as it pertains to Maine loan servicing (i.e., active servicer, passive, type(s) of product or account serviced, etc.). The business activity description should be as detailed as possible. Also, this description should contain a list of creditors for whom you provide loan servicing. If your company does not service loans, but instead hires another company to accept payments, please list the sub-servicing company.
2. Verify the mailing address and the physical location for the main (corporate) office
3. List of all locations, including the physical addresses of all locations other than the main office that service Maine loans;
4. Report any change in business structure;
5. Report any regulatory or enforcement actions taken within the past year;
6. List the contacts for compliance exams and consumer complaints (name and title, address, telephone number, and email address); and
7. Provide information about how and where the records are stored in a confidential and secure manner.

I hereby certify that the statements in the foregoing report are true and correct to the best of my knowledge and belief.

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| **Signature of Preparer** | **Name typed or printed legibly** | **Date** |

This is the Year 2024 MCCC-1 notification form to be completed under the requirements of 9-A, M.R.S. § 6-202 of the Maine Consumer Credit Code**.** The statutory deadline for filing notification is January 31, 2025. Late filings will be subject to penalty charges.

If you are no longer servicing transactions subject to the Code, please notify us ON OR BEFORE THE JANUARY 31ST DEADLINE. Remember, if you changed locations in 2024, you are required, pursuant to Section 6-202 of the Code, to notify our office in writing of the change.

If you have any questions about completing this form, call the Bureau at (207) 624-8527.