

WEST VIRGINIA DIVISION OF BANKING

APPLICATION TO OBTAIN A REGULATED CONSUMER LENDER LICENSE

APPLICANT:

Name

Address

Telephone Number

Facsimile Number

Name, Title, Address and Phone Number of Person(s) Completing this Application and to whom questions may be directed:

Please read carefully the following instructions, all items must be answered in full and complete detail. Additional pages and exhibits may be attached as necessary. Incomplete applications will be returned to the Applicant. Upon receipt of the application, the staff of the West Virginia Division of Banking will initiate the application review, at which time the investigation fee becomes non-refundable. Please call Tracy Hudson at the West Virginia Division of Banking (304) 558-2294, if you have any questions while completing the application form.

DOCUMENTATION TO BE SUBMITTED, Please clearly mark and reference exhibits:

SECTION A

1. Provide current copies of the West Virginia Corporation's Articles of Incorporation, Certificate of Incorporation issued by the West Virginia Secretary of State and By-laws. Future amendments to these documents must be approved by the Commissioner of Banking. This information must be properly recorded with the West Virginia Secretary of State's office or the application will be returned. Note: If plans are to operate in West Virginia under a "DBA", registration of "DBA" must be completed with the Secretary of State. You may contact the West Virginia Secretary of State's Corporation Division to obtain the proper forms at (304) 558-8000. Upon submission of these items, the West Virginia Division of Banking will conduct a review to determine that they are in compliance with West Virginia law governing Regulated Consumer Lenders. If corrections or amendments are required in order to grant the license, the Applicant will be notified.

2. Corporate balance sheet and income statement duly certified by the President or Secretary of the corporation. The financial statements must be current!(Within three months) The capital stock must be paid-in before issuance of a charter certificate, must consist of common shares.

3. Provide a list of directors and officers of the Applicant by name, address and telephone number with brief biographies for each. Provide a list of shareholders, unless publicly traded. If publicly traded, so indicate.

If Applicant's stock is publicly traded, list exchange(s).

If Applicant's stock is publicly traded, give trading symbol.

Is the exchange upon which the stock is traded a SEC Registered Exchange?

Detail any change in control of 10% or more of the total outstanding voting stock of the Applicant during the past 12 months.

4. Is there currently a letter of intent to purchase or unexpired option covering 10% or more of the outstanding voting stock of the Applicant? _____ If so, please attach details and terms of execution.

5. Indicate the federal tax identification number of the West Virginia corporation (Applicant).

Provide a copy of the Applicant's current Business Registration Form as issued by the West Virginia Department of Tax and Revenue.

6. A principal is defined as the Applicant's owner, president, senior officer responsible for the licensee's business, chief financial officer or any other person who performs similar functions or who otherwise controls the conduct of the affairs of the Applicant. A person controlling 10% or more of the voting stock of the Applicant is also considered to be a principal.

7. Attach completed FBI fingerprint card(s) for all principals of Applicant. The fingerprints must be taken by a sheriff, deputy sheriff, municipal or county police officer, or state trooper/highway patrol officer. Forms are included with this application. Fingerprints are not required if Applicant is a company traded on an SEC Registered Exchange or is a subsidiary of a company traded on such an exchange. Fingerprints are also not required if Applicant is supervised by a federal bank, bank holding company, or credit union regulator or is a subsidiary of a company subject to such supervision. ***NOTE: A Release Form must also be executed for each person submitting fingerprints. The form may be found near the end of this application. Release forms will be forwarded by the West Virginia Division of Banking to the proper background and credit reporting agencies.***

8. Copy of written policies manual for cash handling and financial recordkeeping.

9. Indicate the days and hours that this office will be open to the public.

10. Provide a complete detailed listing of all products and services to be offered. Authorization for all activity in addition to regulated consumer lending must be approved by the commissioner except sales of certain insurance products authorized specifically under §46A-3-109. Authorizations of approved activity must be maintained at the main/principal office.

11. Please note that any employees offering insurance related products must also obtain the appropriate authorization from the West Virginia Insurance Commissioner. Provide a list of such employees, including the designated office at which he/she will sell insurance and attach a copy of his/her insurance license. The relevant license from the Insurance Commission must be available for review by examiners and should therefore be maintained at each office.

12. If any records are to be maintained at a location outside of West Virginia, provide information regarding that location, including complete street and mailing address, telephone number and contact person at that location.

13. Execute a copy of the attached Certification by Licensing Agency form attached for each state in which you presently conduct consumer finance operations. These completed forms should be forwarded to the appropriate state agencies for their completion and accompanied by instructions directing the verifying agency to return the completed form to the West Virginia Division of Banking. Processing of the application will not be initiated until a majority of the completed forms are received by this office.

14. An investigation fee of \$750 must be included with the completed application, draft applications will not be accepted for formal processing. Once processing of the application has begun, the fee is *non-refundable*.

SECTION B

IF YOUR COMPANY IS PART OF A LARGER ORGANIZATION, PLEASE PROVIDE THE FOLLOWING INFORMATION:

15. If the Regulated Consumer Lender licensee is/will be a subsidiary of another organization, please submit the most recent Annual Report from both the **immediate parent company** (if prepared) and the **ultimate parent company**.

Indicate whether the stock of such parent company or ultimate parent company is publicly traded.

If yes, is the exchange on which it is traded an SEC Registered Exchange?

If yes, give trading symbol.

16. Submit a corporate organizational chart of the **ultimate parent company** showing all direct and indirect subsidiaries. This chart should reflect the relationship of the Regulated Consumer Lender licensee (Applicant) to the ultimate parent company.

17. Summarize any **outstanding consumer litigation, Federal Trade Commission investigations, fines, penalties, adverse Orders, consent Orders, or Voluntary Assurances issued by other states or other federal agencies within the last three years** against the Applicant or any affiliated company engaged in the consumer lending business. Attach separate sheets as needed. If none, a statement executed by an executive officer must be attached.

18. Summarize any **ongoing investigations** of your corporation, if applicable or any affiliated company by **any other state or federal agency** regarding compliance with consumer lending laws or other consumer issues.

Corporate Contacts

Provide the name(s), complete address, telephone and fax numbers for the appropriate person we should contact on the following issues. If any changes are made subsequent to the filing of the application, it is the Applicant's responsibility to communicate those changes to the West Virginia Division of Banking.

Licensing:	Assessments fee payments:
Government Relations Representative:	Legal Counsel/Compliance Professional:
Financial/Regulatory Reporting (Call Reports):	Internal Auditor:
Supervisor of West Virginia operations (branch manager, etc.):	Examination Reports: (This individual will be responsible for returning the properly signed documents and responses required to the West Virginia Division of Banking.)

Attestation

Applicant represents the information contained herein is true and complete, to the best of their knowledge and belief. Applicant requests that a Regulated Consumer License be granted to it.

Executed the _____ day of _____, 19_____.

Name of Applicant

By: _____

Name, title, address and phone number
Authorized Officer.
Attest:

Secretary or Authorized Officer

**AUTHORIZATION FOR RELEASE OF INDIVIDUAL'S
PERSONAL BACKGROUND & CREDIT REPORT INFORMATION**

(If not applicable, mark N/A)

AFFIDAVIT AND RELEASE

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the West Virginia Division of Banking bearing this release or transmitting a copy of same to obtain information from you or your files or other sources pertaining to my personal background including, but not limited to, police records, academic or any other records you may have regarding me. I hereby direct you to release such information upon the request of any duly authorized representative of the West Virginia Division of Banking. This release is executed with the full knowledge and understanding that the information is for the official use of the West Virginia Division of Banking. I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

I understand that as a principal of the Applicant, licensure is provisional upon me passing a thorough background investigation. I further understand that any untruthful or misleading answers may negatively reflect on the Applicant and may be the basis for denial of licensure.

FULL NAME: _____

SOCIAL SECURITY NUMBER: _____

PLACE AND DATE OF BIRTH: _____

TODAY'S DATE: _____

SIGNATURE: _____

NOTARY STATEMENT:

State of _____, County of _____.

Taken, Subscribed and Sworn to before me this _____ day of _____, _____.

My Commission Expires: _____

SEAL

CREDIT HISTORY RELEASE FORM

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the West Virginia Division of Banking bearing this release or transmitting a copy of same to obtain information from you or your files or other sources pertaining to my personal credit history or any other records you may have regarding me. I hereby direct you to release such information upon the request of any duly authorized representative of the West Virginia Division of Banking. This release is executed with the full knowledge and understanding that the information is for the official use of the West Virginia Division of Banking. I understand that this serves as authorization for the Division of Banking to obtain a personal credit history from a consumer reporting agency or entity of their choice.

FULL NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

TODAY'S DATE: _____

SIGNATURE: _____

NOTARY STATEMENT:

State of _____, County of _____.

Taken, Subscribed and Sworn to before me this _____ day of _____, _____.

My Commission Expires: _____

SEAL

CERTIFICATION BY LICENSING AGENCY

<i>TO BE COMPLETED BY APPLICANT:</i>	
Company Name as it will appear on West Virginia License: (Include any DBA registration also)	Company Address on West Virginia License, including telephone number:
Actual Name of Company	Parent Company's Main Address and /Telephone Number
FEIN Number:	West Virginia Manager's Name:
<i>INFORMATION SPECIFIC TO EACH STATE IN WHICH APPLICANT HOLDS A LICENSE</i>	
Company name in that state:	Assumed or trade name under which company did or is doing business in that state, if any.
Address in that state, if applicable.	Issue and Expiration Date of License/Certificate
Type and Number of License/Certificate held.	Type of License being sought in West Virginia
<p><i>I hereby authorize _____ to furnish the West Virginia Division of Banking the State</i> <i>Information requested on the reverse side.</i></p> <p><i>Date _____ Signature _____</i></p>	
In the space provided to the right, please provide the Name and complete mailing address of the state regulatory agency providing the license to be verified.	

LICENSING/SUPERVISORY AGENCY SECTION

LICENSING AGENCY: PLEASE RETURN THE ORIGINAL, COMPLETED FORM TO:

*TRACY HUDSON, STAFF ANALYST
WEST VIRGINIA DIVISION OF BANKING
BLDG. 3, ROOM 311
1900 KANAWHA BLVD. EAST
CHARLESTON, WV 25305*

If you have any questions, please call (304) 558-2294

Is the information contained on the reverse side correct?

Current status of license/certificate

Have there been any complaints filed against the aforementioned company in the most recent three year period which are currently under investigation by your agency or any other government agency that you are aware of?

Have there ever been any formal sanctions imposed against the company by your agency?

Additional Comments:

I certify that the above information contained herein or attached is true and accurate according to the official records of this state.

Name: _____ **Title:** _____

Agency Name/Address: _____

Telephone Number: _____

Signature: _____