

WEST VIRGINIA
DIVISION OF FINANCIAL INSTITUTIONS
Notification Required to Become a
Supervised Financial Institution

Please provide the following information and documentation subject to the West Virginia Code §31A-2-5. Upon completion of our review of the documents, a Certificate of Authority will be awarded to the Applicant. All information should be submitted annually prior to the expiration date of June 30th in order to remain in good standing. Additional pages may be submitted as necessary; however, all exhibits should be clearly marked. Attestation certificates should be acknowledged by a notary public. If you have any questions, please call Dawn Holstein at (304) 558-2294.

Name

Address

City

State

Zip Code

Telephone Number

Fax Number

Contact Name (Please provide address, phone and fax numbers, if different)

1. Provide the following information with respect to the West Virginia office location: Physical and mailing address, telephone and fax numbers, and contact name of your West Virginia representative.

2. Provide a copy of the Certificate of Authority issued by West Virginia Secretary of State indicating that the Applicant has properly qualified to do business in West Virginia. If the Certificate of Authority is more than one year old, a Statement of Good Standing (less than 90 days old) from the West Virginia Secretary of State should be submitted also.

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

4. Provide a complete current copy of the Applicant's Articles of Incorporation.

5. Provide a complete current copy of the Applicant's By-laws.

6. Please attach a list of the full name, title and address of each officer, director and owner of five (5) percent or more of the capital stock of applicant corporation.

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

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

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

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

9. 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.
10. Provide a description of the corporate structure of Applicant, including the identity of any parent or subsidiary of Applicant. Include organizational chart.
11. If Applicant has a parent company, indicate whether the stock of Applicant's parent corporation is publicly traded.

If yes, give trading symbol.

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

12. 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.

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. Please complete all fingerprint cards properly. Please list all individuals for which fingerprint cards have been completed.

13. If the Applicant is an out of state company, provide the relevant state code cites in the state of incorporation pertaining to the powers permitted to the corporation and its conduct of business.

14. Provide a statement of the Applicant's capital subscribed and paid-in, the statement should be verified by the Applicant's President or Vice President and its Cashier or Secretary.

15. Provide a current (within three months) statement of the Applicant's financial condition as verified under oath by the Applicant's President or Vice President and its Cashier or Secretary. (This requirement may be combined with the above provision.)

16. Provide, if held, audited financial statements or the Securities and Exchange Commission Form 10-K for the most recent year end. If audited statements not available, please provide a financial statement for the previous year-end verified under oath by the Applicant's President or Vice President and its Cashier or Secretary.

17. Provide a summary of consumer litigation, Federal Trade Commission investigations and compilation of fines, penalties or adverse Orders issued by other states or other federal agencies against or involving your organization within the last three years and a summary of ongoing investigations by any other state or federal agency regarding consumer finance issues. If NONE, please provide an attestation certificate executed by an executive officer certifying that there are no issues to disclose.

18. Provide a detailed description of the activities to be conducted in West Virginia.

19. Provide information indicating how the Applicant's activities in West Virginia will promote public convenience and advantage.

20. Provide an attestation statement, executed by the Applicant's President or Vice President, indicating that all statutory provisions set forth in the West Virginia Code shall be complied with in connection with the Applicant's operation in West Virginia. The attestation statement must also contain a clause that specifically states that any and all consumer loans shall conform with state consumer protection laws.

21. The Applicant may provide any additional information determined to support this registration form.

22. Provide a notification fee of \$100 in the form of a check made payable to the West Virginia Division of Financial Institutions.

Attestation

Applicant represents the information contained herein is true and complete, to the best of their knowledge and belief. Applicant requests that a Certificate of Authority to establish a Loan Production Office in the State of West Virginia be granted to it.

Executed the _____ day of _____, 20_____.

Name of Applicant

By: _____

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

Secretary or Authorized Officer

STATE OF _____ SS:

COUNTY OF _____

_____, being duly sworn says that he is the
_____ of _____ the Applicant herein; that he is making
this application on behalf of said Applicant; that he has read the foregoing application and the enclosures
thereto appended, and knows the contents thereof, and that the same is true to the best of his knowledge
and belief.

Taken, subscribed and sworn to before the undersigned authority in _____ County,
State of _____, by _____, this _____ day of
_____, 20 _____.

My commission expires on _____ .

Notary Public

(AFFIX NOTARIAL SEAL
IF EXECUTED OUTSIDE
THE STATE OF
WEST VIRGINIA)

RELEASE

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the West Virginia Division of Financial Institutions 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 Financial Institutions. This release is executed with the full knowledge and understanding that the information is for the official use of the West Virginia Division of Financial Institutions. 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 my continued involvement in the licensing process is provisional upon me passing a thorough background investigation. I understand that this Release authorizes the West Virginia Division of Financial Institutions to provide information obtained to other regulatory agencies in order to complete the investigation of the proposed application. I further understand that any untruthful or misleading information supplied by me may be the basis for denial of participation in the proposed application process and may be grounds for denial of the application in its entirety.

FULL NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

TODAY'S DATE: _____

◆ SIGNATURE: _____

NOTARY STATEMENT:

State of West Virginia, County of _____.

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

My Commission Expires: _____

CREDIT HISTORY RELEASE FORM

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the West Virginia Division of Financial Institutions bearing this release or transmitting a copy of same to obtain information from you or your files or other sources pertaining to my credit history upon the request of any duly authorized representative of the West Virginia Division of Financial Institutions. This release is executed with the full knowledge and understanding that the information is for the official use of the West Virginia Division of Financial Institutions. 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 my continued involvement in the licensing process is provisional upon me passing a thorough background investigation. I understand that this also serves as authorization for the Division of Financial Institutions to obtain a record of my personal credit history from a consumer reporting agency or entity of its choice. I also understand that this Release authorizes the West Virginia Division of Financial Institutions to provide information obtained to other regulatory agencies in order to complete the investigation of the proposed application. I further understand that any untruthful or misleading information supplied by me may be the basis for denial of participation in the proposed application process and may be grounds for denial of the application in its entirety.

FULL NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

TODAY'S DATE: _____

◆ SIGNATURE: _____

NOTARY STATEMENT:

State of West Virginia, County of _____.

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

My Commission Expires: _____