WEST VIRGINIA DIVISION OF BANKING

Notification Required from a Bank Headquartered Outside West Virginia to Become a Supervised Financial Institution

Banks applying under this provision must be insured by the Federal Deposit Insurance Corporation. 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 Bank. 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 Tracy Hudson at (304) 558-2294.

______________________________________________________________
Bank Name

______________________________________________________________
Address of Main Office

______________________________________________________________
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 Bank 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 West Virginia office location’s current Business Registration Form as issued by the West Virginia Department of Tax and Revenue. If such registration has not been received from the West Virginia Department of Tax and Revenue, please submit a copy of the completed application and a notation of the date on which it was mailed to the Department of Tax and Revenue.

4. Provide copy of approval from the bank’s primary regulator relating to the establishment of the Loan Production Office. If no approval is required, please so indicate along with an explanation as to why no approval is required.

5. Provide the name, address and telephone number of the bank’s primary regulator.

6. Provide proof of FDIC insurance.

7. Please attach a list of the full name, title and address of each officer and director. Additionally, provided the name and address of each owner of five (5) percent or more of the capital stock of the bank. If the bank is a wholly-owned subsidiary of a bank holding company, please so indicate.

If the Bank or its parent corporation is publicly traded, list exchange(s).

If stock is publicly traded, give trading symbol.
8. Is the exchange upon which the stock is traded a SEC Registered Exchange? Please state the name of the Exchange.

9. Provide a description of the corporate structure of Applicant, including the identity of any parent or subsidiary of the bank. Include organizational chart.

10. Provide a copy of the bank’s most recent month end financial statement.

11. Provide a copy of the bank’s most recent year-end audited financial statements or the Securities and Exchange Commission Form 10-K for the most recent year end. If audited statements are 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.

12. 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 so indicate.
13. Provide a detailed description of the activities to be conducted in West Virginia.

14. Provide an attestation statement, executed by the Bank’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 bank’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.

15. Provide any additional information determined to support this registration form.

16. Provide a notification fee of $100 in the form of a check made payable to the West Virginia Division of Banking.
Attestation

___________________________________________ 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 ______________________, 19_____________.

________________________________
Name of Bank

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
thereo 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
____________________, 19____.

My commission expires on _______________________________.

Notary Public

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