# **Deferred Presentment Service Provider Application**

START WITH THIS FORM It contains instructions and a checklist of additional forms and information you will need to attach to ensure that your filing is complete.

				Tay ID numbe			•	
Name of Applicant including dba(s) if applicable				Tax ID numbe	31 (FEIIN)			
								<u></u>
<b>Designated representative</b> (the contact person responsible to Name and title	for addressing inquiries about t		*					
Name and title		Telephone number (includ	ie area coue)					
Number, street and floor or suite number		Fax number (include area	a code)					
PO Box		Main company telephone r	number (include	e area code)				
City State	Zip	Email address						
(Check Box) This application is taking	g the place of a curren	t or previously licensed em	tity by the n	name of:				
General Instructions								
-Complete your application filing. Use the checklis -Do not leave any question blank - Enter "N/A" or "-To change information you entered on any form, d-Submit application fees due using Form FIS 2042 -File your application with original signatures. Subm	None" if not applicable. Inco draw a line through your inc Fee Calculation for DPSPs	omplete applications will be retu orrect information and initial the s. Follow the directions on form	urned without e change. Do r FIS 2042.	review and are			ed."	
The Director will review the application and conduct Presentment Service Transactions Act. If the Director Our office will mail an original license to each busing the application is not approved, you will receive contest the disapproval.	ctor finds that the applicant riness location (branch office	meets the requirements of 2005 e) listed on the application. Upo	5 PA 244, the on receipt, pos	application wil st the original	Il be approv license in a	ved. a conspic		
Minimum Net Worth Requirements vary based on t	the number of business lo	ocations: (follow instructions or	n form FIS 205	53 Financial S	tatement D	Disclosure	e)	
Applicants with 1-4 business locations		Applicant must have	\$50,000 minin	num net worth	n PER LOC	CATION		
Applicants with 5 or more business locations		→ Applicant must have	\$250,000 mini	imum net worf	th			
A Surety Bond (page 3 of this form) of \$50,000 is re Additional business locations (branch offices) DO NOT	=	=			ns (main ar	าd branch	offices).	
Each business location conducting deferred preserved from more than one business location, complete form presentment service transactions. If you do not intend	FIS 2041 Branch Activity I	List for DPSPs. List all Michiga	an branch offic	es where app	olicant will b	be condu	cting defer	
General Interrogatories  1. At the time of initial licensure, how many locatio offices) does this company intend to conduct Mich	•	_			office wh branch o	ou must r hen openir office or clo	ng a new osing an	
You will list your main office on page 1 of form FIS 205 application is approved.	-	·	ty List. We will	mail the bran		•		
2. Is applicant the wholly owned subsidiary of a pu	ublicly traded U.S. corpora	ation? Yes No	If "Yes" proceed	d to question 3.	If "No" com	plete 2a ar	nd 2b below.	
2a. Is the applicant a whole or partial subsidiary of another business entity?  Yes No	relationships. Include	b is Yes, attach a chart showing le entire chain of ownership. Lis er(s) including name and title or	st name and p	rimary busines	ss of each	entity.	entity	
2b. Are any entities whole or partial subsidiaries of the applicant?  Yes No	At any time before o	nent is waived if applicant is a worder licensure, our office may controlling interest in the applications.	y request addi	-				



FIS 2040 (01/23) Department of Insurance and Financial Services Page 2 of 3  3. If you do not have a physical location in Michigan, describe below how you was a service b	will conduct business in Michigan: (Attach additional sheet if necessary)
4. If applicant will be conducting business over the Internet, please list web ado of business information. (Attach additional sheet if necessary)	dresses used. Describe precautions to protect personal privacy and the security
Checklist—Use this checklist to ensure that all items are included to constitu	ute a complete filing. Incomplete filings will be returned without review.
<ul> <li>☐ FIS 2041 Branch Activity List for DPSPs listing all branch offices where applicant will conduct business.</li> <li>☐ FIS 2050 Entity Application Disclosure, page 1—All applicants must list a Michigan Resident Agent, the person on which process is served in Michigar</li> <li>☐ On FIS 2050 Entity Application Disclosure, page 2—List for applicant ALL officers of the corporation, members of the Board of Directors of the corporation including Board of Trustees, Executive Committee, and any othe controlling persons; partners; sole proprietor; stockholders of 10% or more; members if company is organized as a limited liability company.</li> <li>☐ For each above person, attach form FIS 2051 Affiliation Disclosure with original signature.</li> <li>☐ If applicant has any whole or partial controlling and subsidiary entity relationships (form FIS 2040 page 1 questions 2a and 2b), attach a chart showing all such entity relationships. Include the entire chain of ownership. Provide all information requested in instruction for lines 2a and 2b. Note: This requirement is waived if applicant is a wholly owned subsidiary of a publicly traded U.S. corporation.</li> <li>☐ For questions 1-4 on form FIS 2051, if any response was "Yes," further documentation must be attached. See form FIS 2051 for detailed instructions</li> </ul>	<ul> <li>If any of the assets in the financial statement are pledged to secure payment of liabilities, you must attach a report stating kind and total of assets pledged, amount of indebtedness secured, and the name of the pledges.</li> <li>All applicants must submit a Surety Bond. Page 3 of this form (FIS 2040) is the bond form prescribed by the Director. Fill in all blanks to complete this form. Do not alter any bond form wording.</li> <li>FIS 2042 Fee Calculation for DPSPs. Check the DIFS website (www.michigan.gov/difs) to assure you are using the most recent version of FIS 2042. Determine total fee amount due. Attach check or money order for amount due, payable in US Dollars to: State of Michigan-DIFS.</li> <li>A return transcript of applicant's most recent Federal income tax return (can be obtained by completing IRS form 4506-T, available at www.irs.gov)</li> <li>When checklist is complete, sign the verification below before a notary public.</li> <li>Make a copy for your records. Send your original filing as instructed below.</li> </ul>
	have questions regarding the application process
Verification	Certification of Notary Public
I swear under penalties of perjury that the information above and attached is true, accurate and complete.	State ofCounty of
Signature Date signed	On thisday of, 20, before me, the undersigned notary, personally appeared
Signer's name and title (typed or printed)	personally known to me, or proved to me through government-issued documentary evidence in the form of to be the person(s) who signed the preceding document in my presence and who swore or affirmed to me that the signature is voluntary and the document truthful.
Authority: 2005 PA 244, The Deferred Presentment Service Transactions Act. Failure to complete or submit this form, false statements, or omissions may result in rejection of your application, denial of a license, revocation of a license if issued, and other civil and criminal action.	
Filing Instructions Be sure that all checklist items are completed and attached. Send to our office:	Signature of Notary Public
By Mail to: DIFS – Consumer Finance PO Box 30220 Lansing, MI 48909-7720	

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ld st

<b>Bond-Deferred Presentment Ser</b>	vice Provider	Bond N	umber
Complete and attach this form with original signatures This bond remains in full force and effect for all location			ate of Michigan.
KNOW ALL PERSONS BY THESE PRESENTS,	That		
of		State of	as PRINCIPAL and
and firmly bound unto the People of the State of	of		as SURETY are he
and firmly bound unto the People of the State of the above principal under the provisions of 2005 P		of any person or persons	s who may have a cause of action again
in the sum of \$, lawful n Services of the State of Michigan on behalf of the ourselves, our heirs, executors, administrators, su		signs, for payment to be	well and truly made, we bind
Whereas, the above bounden principal has receiv said State of Michigan authorizing the PRINCIPA PA 244, as amended.			
The condition of this obligation is such, that if the regulations lawfully promulgated thereunder by th State and to such person or persons, any and all principal, and by virtue of the provisions of said 20	ne Director, Department of Insurance and moneys that may become due or owing to	Financial Services of the said State and to such	e State of Michigan, and will pay to said person or persons from the obligor,
This bond shall be effective	and shall be in force for the	e term ending Septembe	er 30,  20
This bond may be continued in force for an addition Director, pursuant to such regulations as may her		n certificates executed by	y the surety with the approval of the
Signed, sealed and dated this day,	, 20		
In the presence of:	Princip	val	
in the presence of.	<del></del>		
Witness	Princip	≀aı	

Surety

Surety

name of the pledges

Witness

Page 2 is a continuation sheet to list additional branches, duplicate as necessary to complete your filing.

## Initial Branch Office Listing for Deferred Presentment Service Provider Licensee Applicants

Use this form to: Initially list branch offices. Complete all fields for each branch office.

To initially license a branch: Check "License a Branch Office" box and enter name and FEIN as it appears on your application forms. Complete all fields for each branch office (branch name and address). You must enter an actual street address. If branch has a number or other branch identifier, include it in the branch name field. Each branch license will be issued in the branch name you enter. Attach form FIS 2042 Fee Calculation for Deferred Presentment Service Provider with payment for each branch listed below.

Name of Applicant as entered on form FIS 2040		Tax ID Number (FEIN)	
Action Branch Manager Name  (Check Box) License a Branch Office			
License a Branch Office	Branch Office Name		
Branch Telephone Number with Area Code	Street Address		
Branch Email Address	City	State	Zip
Action			
<u> </u>	Branch Office Name		
Branch Telephone Number with Area Code	Street Address		
Branch Email Address	City	State	Zip
Action Branch Manager Name (Check Box) License a Branch Office			
	Branch Office Name		
Branch Telephone Number with Area Code	Street Address		
Branch Email Address	City	State	Zip
Filing your completed Initial Branch List	Certification: I certify that the	~	
Applicants filing for <b>initial</b> branches attach to your application filing and send to DIFS:	true, complete and correct to th	e best of my knowledge ar	id Deliet.
	Signature		Date Signed
By Mail to: DIFS – Consumer Finance			
PO Box 30220 Lansing, MI 48909-7720	Signer's Name and Title (typed	or printed)	

Authority: 2005 PA 422. Failure to complete or submit this information, false statements, or omissions may result in rejection of your application, denial of a license, revocation of a license if issued, and other civil and criminal action.



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This page is a continuation sheet to list additional initial branches, duplicate as necessary to complete your filing.

Action License a Branch Office Branch Manager Name (Check Box)		
	Branch Office Name	
Branch Telephone Number with Area Code	Street Address	
Branch Email Address	City State	Zip
Action License a Branch Office Branch Manager Name (Check Box)		
	Branch Office Name	
Branch Telephone Number with Area Code	Street Address	
Branch Email Address	City State	Zip
Action License a Branch Office Branch Manager Name (Check Box)		
·	Branch Office Name	
Branch Telephone Number with Area Code	Street Address	
Branch Email Address	City State	Zip
Action License a Branch Office Branch Manager Name (Check Box)		
<u>'</u>	Branch Office Name	
Branch Telephone Number with Area Code	Street Address	
Branch Email Address	City State	Zip
Action License a Branch Office Branch Manager Name (Check Box)		
	Branch Office Name	
Branch Telephone number with Area Code	Street Address	
Branch Email Address	City State	Zip
Action License a Branch Office Branch Manager Name (Check Box)		
	Branch Office Name	
Branch Telephone Number with Area Code	Street Address	
Branch Email Address	City State	Zip

#### Fee Calculation for Deferred Presentment Service Provider

Check only one box to indicate fees accompanying an initial application filing OR fees to license additional business locations for a current licensee.

Name of Deferred Presentment Provider as it appears on your Michigan application or license			Tax ID nur	mber (FEII	1)			
			1	1 1	1	1 1	1	1
Designated representative (person responsible for inquiries about the	his fee card and attached payment)							
Name and title	Telephone number (include are	ea code)						
This is an initial application for license as All applicants pay one Application (investigation of appl location (branch office). Companies with only one or wit Application fees (lines 2 and 3) must be included when	licant) fee of \$350.00 plus a \$100 fee for one main offi th no business locations in Michigan would enter one	ice and for (1) on line	each add I and \$10			busines	S	
If the application for license is approved, applicant must continue uninterrupted when application is approved. A license until license fees are received and processed. It	pplicants can also choose to be billed for the license f	fee upon ap	proval of	the appli	cation.	We will	not issue	
1. Enter the total of ONE main office (located in or out business location (branch office) where company will tr	• •	1.						
2. Application fee-investigation of applicant (non-refundation)	dable)				2.		\$350	0.00
3. Application fee per business location (non-refundab	ole): Multiply line 1 by \$100.00				3.	\$		.00
4. License fee: Multiply line 1 by \$450.00. Enter amou	unt on line 4 <b>IF</b> you are paying license fee and applica	ntion fees to	gether		4.	\$		.00
<b>OR</b> Check if you prefer that we $\square$ Bill for the	license fee upon approval of this application (leave lin	ne 4 blank)						
5. Total Fee Amount Due Now: Add lines 2, 3 and 4	I				5.	\$		.00
This is to add one or more business location.  Licensed Deferred Presentment Service Providers pay location (branch office). There is no fee to close a busin location, for which the \$550.00 fee is due. There is no page 6. Total number of business locations company is additionally Deferred Presentment Service Providers	a \$550.00 fee (\$100 application fee and a \$450.00 lic ness location. A change of location is considered the c provision to move or relocate an office.	cense fee) to	license	each new	/ Michi	gan busi	iness	ew
7. Total Fee Amount Due: Multiply number on line 6 l	by \$550.00 (\$100.00 application fee plus \$450.00 lice	nsing fee)			7.	\$		.00

#### Filing Instructions:

Make check for total amount due (line 5 OR line 7), payable in US dollars to: State of Michigan
Attach completed form and check to form FIS 2041 Branch Activity List for Deferred Presentment Service Providers
Submit complete filing to DIFS at the address on form FIS 2041

If you have questions about this form or the Deferred Presentment Service Provider licensing process, contact our office toll-free at 1-877-999-6442.

A portion of assessable license fees are collected on this form. The remainder will be collected as a per transaction license fee by the DPS transaction database provider.

Validation code: 08-01-01

Authority: 2005 PA 244, The Deferred Presentment Service Transactions Act. Failure to complete or submit this form, false statements, or omissions could result in rejection of your application, denial of a license, revocation of a license if issued, and other civil and criminal action.



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## **Entity Application Disclosure**

Complete and attach this form to your application form as instructed on the application form. Keep this information current by amending your application when information changes.

**Note:** If company keeps the official books, records and related documents in a location other than address 1, 2, or 3 below, please attach an explanation and give the address where such documents are maintained.

lame of Applicant including dba name(s) if ap	oplicable			Tax ID number (FEIN)	
Address 1: Applicant's principal U.S. administrative office (must include street ac		check if address is:  Our primary mailing address	Address 2: Company's primary office in Michigan (must include street address)	check if $\Longrightarrow$	us address 1 our primary mailing addres
Number, street and floor or suite number			Number, street and floor or suite number		
РО Вох			PO Box		
City	State	Zip	City	State <b>MI</b>	Zip
Address 3: Primary mailing address (only Name	if different than ad	dress 1 or 2)	Michigan Resident Agent * (person who	accepts service of process	on company's behalf)
Number, street and floor or suite number			Number, street and floor or suite number		
РО Вох			PO Box		
City	State	Zip	City	State	Zip
Deferred Presentment Service applicand and the primary office in Michigan Money Transmission Service applications	ants: Provide a li where you prov nts: Maintain a li	ist of all branch office informat ide deferred presentment bus st of authorized delegates and	ion on Form FIS 2041 Branch Activity Li iness services to customers. I additional locations as instructed on Fo	ist for DPSPs. Enter under properties of the control of the contro	er "Address 2," the
Deferred Presentment Service applicated and the primary office in Michigan Money Transmission Service applicated I others: Attach a report listing all Michigan Contact person (person at this applicant bus	ants: Provide a la where you prov nts: Maintain a li. higan branch offi	ist of all branch office informat ide deferred presentment bus st of authorized delegates and ices where applicant will condi	ion on Form FIS 2041 Branch Activity Li iness services to customers. I additional locations as instructed on Fo uct business. Give street address and na	ist for DPSPs. Enter under properties of the control of the contro	er "Address 2," the
Deferred Presentment Service applicated and the primary office in Michigan Money Transmission Service applicated I others: Attach a report listing all Michigan Contact person (person at this applicant bus Name and title	ants: Provide a la where you prov nts: Maintain a li. higan branch offi	ist of all branch office informat ide deferred presentment bus st of authorized delegates and ices where applicant will condi	ion on Form FIS 2041 Branch Activity Li iness services to customers. I additional locations as instructed on Fo uct business. Give street address and na office after issuance of a license)	ist for DPSPs. Enter under properties of the control of the contro	er "Address 2," the
address of the primary office in Michigan Money Transmission Service applicar All others: Attach a report listing all Mich Contact person (person at this applicant bus Name and title Number, street and floor or suite number	ants: Provide a la where you prov nts: Maintain a li. higan branch offi	ist of all branch office informat ide deferred presentment bus st of authorized delegates and ices where applicant will condi	ion on Form FIS 2041 Branch Activity Li iness services to customers. I additional locations as instructed on Fo uct business. Give street address and na office after issuance of a license) Telephone number (include area code)	ist for DPSPs. Enter und orm FIS 2060. ame of manager for each	er "Address 2," the
* If applicant is a Corp., LLC, or LP, Mic Deferred Presentment Service applica address of the primary office in Michigan Money Transmission Service applican All others: Attach a report listing all Mich Contact person (person at this applicant bus Name and title Number, street and floor or suite number PO Box City	ants: Provide a la where you prov nts: Maintain a li. higan branch offi	ist of all branch office informat ide deferred presentment bus st of authorized delegates and ices where applicant will condi	ion on Form FIS 2041 Branch Activity Liness services to customers. I additional locations as instructed on Fouct business. Give street address and national locations are address and national locations.  Office after issuance of a license)  Telephone number (include area code)  Fax number (include area code)	ist for DPSPs. Enter und orm FIS 2060. ame of manager for each	er "Address 2," the
Deferred Presentment Service applicated address of the primary office in Michigan Money Transmission Service applicated I others: Attach a report listing all Michigan Contact person (person at this applicant bus Name and title  Number, street and floor or suite number  PO Box	ants: Provide a line where you provints: Maintain a li. higan branch offi siness responsible  State  ving type of bus	ist of all branch office informatide deferred presentment busst of authorized delegates and ices where applicant will conductor of addressing inquiries from our defended by Zip  Zip  Siness:  Please enter your 6-digit Michigan I.D. number:	ion on Form FIS 2041 Branch Activity Liness services to customers. If additional locations as instructed on Fouct business. Give street address and national locations are all control office after issuance of a license)  Telephone number (include area code)  Fax number (include area code)  Company website address (URL) if applications.	ist for DPSPs. Enter under print FIS 2060.  The print FIS 2060 is a manager for each print for e	er "Address 2," the

Authority: This form is a required attachment for a variety of DIFS application forms. It is authorized under the same public act as the application to which it is required to be attached. Failure to complete or submit this form, false statements, or omissions may result in rejection of your application, denial of a license, revocation of a license if issued, and other civil and criminal action.

- 4. Identify each of the following in relation to the applicant: Attach additional list if necessary
- ► ALL officers\* of the corporation, partners, or sole proprietor
- ► ALL stockholders of 10% (Deferred Presentment applicants only) or 20% (all other applicants) or more. If stockholder is a corporation, list name of corporation, EIN and % of ownership of applicant.
- ALL members if company is organized as a limited liability company
- ALL members of the Board of Directors of the corporation including Board of Trustees, Executive Committee, and any other governing body

Officers include, but are not limited to: Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Financial Officer (CFO), President, Vice President, Secretary, and Treasurer

	due, but are not innited to. Chief Exec			cer (CFO), President, Vice President, Secretary, and Treasurer
Name		Title and/or stock %	Name	Title and/or stock %
<b>♠</b> E	ach person listed above must cor	nplete and attach form FIS 2051 Affiliation	n Disclosure. All entitie	s (including corporate stockholders) with an ownership interest in
				irements are waived if applicant is a wholly owned
S	ubsidiary of a publicly traded L	I.S. corporation.	iionsnips. These requi	irements are waived if applicant is a whony owned
· ·		no. oo. poranom		
5 Doos and	nlicant hold any type of financi	al convicas licanca (such as insuranca	socurities hanking/	finance) issued by Michigan or another state?
			, securities, barikiriy/i	mance, issued by wildingan or another state:
Yes	☐ No If yes, complete belo	ow. Attach additional page(s) if necessary.		
State	License number	Type of license		Name of regulatory agency issuing license
State	License number	Type of licerise		Name of regulatory agency issuing license
	<u> </u>			
6. Give a go	eneral description of the applic	ant's proposed business activities. At	a minimum, include a	list of services applicant will provide consumers, and how
	int plans to generate business.		•	
	3			

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## **Affiliation Disclosure**

Please enter all information as requested. If a question is not applicable or the answer is none, indicate your response as "N/A" or "none." Filing instructions are on page 3.

IMPORTANT: On each attachment to this Affiliation Disclosure, enter Your Name, Name of Applicant Company and Company's Tax ID number (FEIN) in upper right corner.

Name of COMPANY OR CORPORATION making application	Tax ID number (FEIN)
PART 1: Check each box below that describes your relationship to the applic Each person affiliated with the applicant as described below must complete this App	
Proprietor Stockholder (see application instructions for percentage owned)  Member if applicant is organized as a limited Stockholder (see application instructions for percentage owned)  Member of the corporation's Board of Directors, Board of Trustees, Executive	If affiliated party is a Corporate Stockholder, complete this section:   Name of Corporation   State of Incorporation
liability company  Committee, or other governing body  Officer of the corporation	Percentage of Corporation Tax ID Number (FEIN) ownership of
I am affiliated with a corporate stockholder of the applicant corporation  If applicant is a wholly owned subsidiary of a publicly traded U.S. corporation, the corporation is not required to file this form.	applicant company  Each person affiliated with this corporate stockholder as an officer, director, or trustee must complete a separate Affiliation Disclosure. This requirement is waived if applicant is a wholly owned subsidiary of a publicly traded U.S. corporation.
Your NAME (First Middle Last) and TITLE as it relates to the applicant company	
Your MAILING ADDRESS (be sure to keep your mailing address current with our office) Address line 1	Your BUSINESS ADDRESS or check if ☐ same as mailing address  Address line 1
Address line 2	Address line 2
City State or Province Zip or Postal Cod	e City State or Province Zip or Postal Code
Country (if other than United States)	Country (if other than United States)
revocation of license if issued, and criminal or civil action against myself and the appropriate may include contact with governmental agencies, credit or other reporting age of law, it will be referred to the appropriate authority. If information about me warran	or fraud on this Affiliation Disclosure may result in denial of the company's application, plicant company. DIFS may use the information below in the conduct of an investigation encies, courts, previous employers and associates. If any information indicates a violation its denial of the application, the Department of Insurance & Financial Services will provide only and factual reasons, and the applicant's rights to dispute or appeal such a denial.
☐ Mr. FULL LEGAL NAME of affiliated person	Jr., Sr., II, III etc. Your Social Security Number
Mrs Ms.	
Your RESIDENCE ADDRESS (must include actual street address, not PO Box)	Daytime phone with area code, for questions about this form:
Address line 1	Driver's license number State
Address line 2	Date of birth (mm/dd/yyyy)
City State Zip	Email address
Other names with social security numbers under which my tax information is filed	Other names by which I am known now or have been known by in the past
Certification I have read the confidential background information disclosure. I understand and agree to it. I swear under penalties of perjury that the information given on and attached to this Affiliation Disclosure is true, accurate and complete.	Signature of affiliated person Date signed

PART 3: 1. Have vou		ncial Services Page 2 of 3	
	_	you currently charged with, committing a crime a to this Affiliation Disclosure:	? "Crime" includes a misdemeanor, felony or a military offense. Exclude misdemeanor traffic citations and juvenile offenses. "Convicted of" includes a finding of guilty by verdict of a judge
	, 0	res of each incident; a copy of the charging docume tes resolution of the charges or any final judgment.	
member ev occupation	er been involved in an adminis al license (including unlicensed	are or were an owner, partner, officer, director trative proceeding regarding any professional activity you were required to be licensed for)?  g to this Affiliation Disclosure:	or "Involved" means having a license suspended, revoked, canceled, terminated, or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as
A written sta	ntement explaining the type of licen	se and the circumstances of each incident; a copy of the official docun	a party to an administrative or arbitration proceeding related to a professional or occupational license. It also means having a
misappropi	riation or conversion of funds, m	nisrepresentation or breach of fiduciary duty?	y lawsuit or arbitration proceeding involving allegations of fraud,
	atement explaining the circumstanc	g to this Affiliation Disclosure: ses of each incident; a copy of the petition, complair tes resolution of the charges or any final judgment.	nt or other document that commenced the lawsuit or arbitration;
director, ev	er been declared bankrupt or file  No If yes, attach the following	ed for bankruptcy? g to this Affiliation Disclosure:	other than stock in a publicly traded company), or served as an officer o
5. Do you h	¬	es license (such as insurance, securities, bankin ttach additional page if necessary.	ng/finance) issued by another state?
	¬	·	ng/finance) issued by another state?  Name of regulatory agency issuing license

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complete or submit this form, false statements, or omissions may result in rejection of your application, denial of a license, revocation of a license if issued, and other civil and criminal action.

#### Financial Statement Disclosure

File this form with your application. Report based on the fiscal year of the applicant immediately preceding the date of this application. Use financial data for the applicant or licensee, not the parent company.

You may submit an independently audited financial statement (must be less than 12 months old) in lieu of page 2 of form FIS 2053. The financial statement must be accompanied by an opinion prepared by a CPA and must include all of the items listed on page 2 of this form. Form FIS 2053 or an independently audited financial statement must be completed in accordance with Generally Accepted Accounting Principles. This page (1 of 2) must be completed, signed and accompany all filings.

Date of Financial Statement: (mm / dd / yy)	
	•

Licensees must maintain net worth requirements while engaging in the licensed business activities.

Name of Applicant	Tax ID number (FEIN) or SSN for individuals
Entity type (choose one)	Consumer Financial Services entities and all Mortgage entities
Consumer Financial Services-Class I or II	Do NOT include these assets to compute net worth:  (a) That portion of an applicant's assets pledged to secure obligations of any person other than the
Deferred Presentment Provider	applicant.
Money Transmission Services Provider	(b) Receivables from officers or, in the case of a corporate applicant other than a publicly traded company, stockholders of the applicant or persons in which the applicant's officers or stockholders
Mortgage Broker, Lender, Servicer	have an interest, except that construction loan receivables secured by mortgages from related
Regulatory Loan Provider	companies are not so excluded.  (c) An amount in excess of the lower of the cost or market value of mortgage loans in foreclosure or
Attention Consumer Financial Services Entities: The Director may, by order, establish a higher net worth requirement for new Class I and Class II licensees to assure safe and sound operation of the activities.	real property acquired through foreclosure.  (d) An investment shown on the balance sheet in joint ventures, subsidiaries, or affiliates that is greater than the market value of the investment.  (e) Goodwill or value placed on insurance renewals or property management contract renewals or other similar intangible value.
Attention Money Transmission Services Providers:	(f) Organization costs.

Verification		
I swear under penalties of perjury that the informatis true, accurate, and complete.	ation above and att	ached
Signature	Date sign	ed
Signer's name and title (Typed or Printed)		
Authority: This form is a required attachment to a variety of D authorized under the same public act as the application whic to complete or submit this form, false statements, or omissio application, denial of license, revocation of a license if issued,	ch is required to be atta	iched. Failure on of your

Permissible Assets must be sufficient to cover outstanding payment instruments (Sections 31 and 32 of 2006 PA 250).

Disclose net worth on page 2 of form FIS 2053 or attach an independently audited financial statement.

State of	County of_		
	day of notary, personally ap		, before me
	to me, or proved to ary evidence in the	form of	-
		to b	e the person(s)
who signed the pro	oceeding document	in my pres	sence and who
	to me that the signa	ture is volu	ntary and the
document truthful			

Certification of Notary Public

Official seal and signature of notary



### Financial Statement Disclosure

You may submit an independently audited financial statement in lieu of page 2. Page 1 must always be filed. See detailed instructions on page 1.

Name of Applicant	Tax ID number (FEIN) or SSN for individuals
Complete entire statement. Use blank lines to itemize and de Place applicant name, tax ID number (FEIN) and fiscal year e	
ASSETS	LIABILITIES AND STOCKHOLDERS' / MEMBERS' EQUITY
CURRENT ASSETS	LIABILITIES
1. Cash	19. Notes payable
2. Notes receivable	20. Accounts payable
3. Accounts receivable	21. Mortgage loans and contracts payable ————————————————————————————————————
Mortgage loans and contracts receivable	Other liabilities (describe)
5. Stocks, bonds and other investments	22
6. Furniture, fixtures and equipment	23
7. Real estate and buildings	24
Other assets (describe)	25
8	26
9	27. Total Liabilities (add lines 19 through 26)
10	STOCKHOLDERS' / MEMBERS' EQUITY
11	28. Common stock
12	29. Preferred stock
13	30. Additional paid-in capital
14	31. Retained earnings
15	32. Members' equity
16	33
17	34
18. Total Assets (add lines 1 through 17)	35
	36. Total Stockholders' / Members' Equity
	(add lines 28 through 35)
	37. Total Liabilities and Stockholders' /
	Members' Equity (add lines 27 and 36)

Are any of the assets in this financial statement pledged to secure payment of liabilities?

Yes No If yes, attach a report stating kind and total of assets pledged, amount of indebtedness secured, and the name of the pledges