## **Deferred Presentment Service Provider Application**

Name of Applicant including dba(s) if applicable			Tax ID number (FEIN)									
												1
Designated representative (the o	contact person responsible for addr	essing inquiries abou	t this applic	ation prior to issuance	e of a license)							
Name and title			Т	elephone number (in	clude area code)							
Number, street and floor or suite	number		F	ax number (include a	area code)							
PO Box			N	lain company telepho	one number (includ	e area code)						
City	State	Zip	E	mail address								
(Check Box) This	application is taking the	place of a currei	nt or pre	viously licensed	entity by the r	name of:						
		•	-	•	•••							
General Instructions												
-Complete your application	filing. Use the checklist on thi	s form to assure the	at all requi	ired forms and infor	rmation are incluc	led.						
-Do not leave any questior	blank - Enter "N/A" or "None"	if not applicable. In	complete a	applications will be	returned without	review and	are not c	onsider	red "fi	iled."		
-To change information yo	u entered on any form, draw a	ine through your in	correct inf	ormation and initial	the change. Do i	not alter sig	natures ir	ו any w	vay.			
-Submit application fees du	ue using Form FIS 2042 Fee C	alculation for DPSF	s. Follow	the directions on fo	orm FIS 2042.							
-File your application with o	original signatures. Submit it to	the Department of	Insurance	and Financial Ser	vices (DIFS).							
The Director will review the	application and conduct an in	vestigation to deter	mine that t	the applicant meets	s the requirement	s of 2005 P	'A 244. Tł	າe Defe	erred			
	sactions Act. If the Director find	•										
	inal license to each business lo			-				-		icuous	s loca	ation
•	proved, you will receive a letter	•	,			•						
contest the disapproval.		blading the reacon					5000000	101 104	10000	ing u i	louin	ig to
Minimum Net Worth Require	ments vary based on the nu	nber of business	locations	: (follow instruction	s on form FIS 20	53 Financia	l Stateme	ent Disc	closur	re)		
Minimum Net Worth Requirements vary based on the number of business locations: (follow instructions on form FIS 2053 Financial Statement Disclosure)         Applicants with 1-4 business locations         Applicants with 1-4 business locations												
Applicants with 5 or more I	ousiness locations			Applicant must ha	ave \$250,000 min	imum net w	/orth					

A Surety Bond (page 3 of this form) of \$50,000 is required for each licensee. A single \$50,000 surety bond covers all business locations (main and branch offices). Additional business locations (branch offices) DO NOT each require a separate surety bond, but must be subject to the master surety bond.

Each business location conducting deferred presentment service transactions must be licensed. If applicant will conduct deferred presentment service transactions from more than one business location, complete form FIS 2041 Branch Activity List for DPSPs. List all Michigan branch offices where applicant will be conducting deferred presentment service transactions. If you do not intend to have a business location in Michigan, enter -1- for General Interrogatories question 1 and proceed to question 2.

General Interrogatories		***Note: You must notify our
1. At the time of initial licensure, how many locati offices) does this company intend to conduct Mic	office when opening a new branch office or closing an existing one.	
You will list your main office on page 1 of form FIS 20 application is approved.	50. List each branch office on form FIS 2041 Branch Activity List. We will mail the	branch license to this address if
2. Is applicant the wholly owned subsidiary of a p	ublicly traded U.S. corporation?	ion 3. If "No" complete 2a and 2b below.
2a. Is the applicant a whole or partial subsidiary of another business entity?	If answer to 2a or 2b is Yes, attach a chart showing ALL whole or partial c relationships. Include entire chain of ownership. List name and primary bu List controlling owner(s) including name and title or percentage of owners	isiness of each entity.
2b. Are any entities whole or partial	Note: This requirement is waived if applicant is a wholly owned subsidiary	of a publicly traded U.S. corporation
subsidiaries of the applicant?	At any time before or after licensure, our office may request additional dis ownership or other controlling interest in the applicant.	closures from persons or entities wit

DIFS

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities. Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442

Verification

3. If you do not have a physical location in Michigan, describe below how you will conduct business in Michigan: (Attach additional sheet if necessary)

4. If applicant will be conducting business over the Internet, please list web addresses used. Describe precautions to protect personal privacy and the security of business information. (Attach additional sheet if necessary)

Checklist—Use this checklist to ensure that all items are included to constitute a complete filing. Incomplete filings will be returned without review.

	FIS 2041 Branch Activity List for DPSPs listing all branch offices where	FIS 2053 Financial Statement Disclosure—You may submit an independently
	applicant will conduct business.	audited financial statement (must be less than 6 months old) in lieu of page 2
Γ	FIS 2050 Entity Application Disclosure, page 1—All applicants must list a	of form FIS 2053. The audit must be accompanied by an opinion prepared by
	Michigan Resident Agent, the person on which process is served in Michigan.	a CPA and must include all of the items listed on page 2 of form FIS 2053.
	On FIS 2050 Entity Application Disclosure, page 2—List for applicant ALL	If any of the assets in the financial statement are pledged to secure payment
	officers of the corporation, members of the Board of Directors of the	of liabilities, you must attach a report stating kind and total of assets pledged,
	corporation including Board of Trustees, Executive Committee, and any other	amount of indebtedness secured, and the name of the pledges.
	controlling persons; partners; sole proprietor; stockholders of 10% or more;	All applicants must submit a Surety Bond. Page 3 of this form (FIS 2040) is
	members if company is organized as a limited liability company.	the bond form prescribed by the Director. Fill in all blanks to complete this
	For each above person, attach form FIS 2051 Affiliation Disclosure with	form. Do not alter any bond form wording.
	original signature .	FIS 2042 Fee Calculation for DPSPs. Check the DIFS website
	] If applicant has any whole or partial controlling and subsidiary entity	(www.michigan.gov/difs) to assure you are using the most recent version of
	relationships (form FIS 2040 page 1 questions 2a and 2b), attach a chart	FIS 2042. Determine total fee amount due. Attach check or money order for
	showing all such entity relationships. Include the entire chain of ownership.	amount due, payable in US Dollars to: State of Michigan-DIFS.
	Provide all information requested in instruction for lines 2a and 2b.	A return transcript of applicant's most recent Federal income tax return (can
	Note: This requirement is waived if applicant is a wholly owned subsidiary of	be obtained by completing IRS form 4506-T, available at www.irs.gov)
	a publicly traded U.S. corporation.	When checklist is complete, sign the verification below before a notary public.
	For questions 1-4 on form FIS 2051, if any response was "Yes," further	Make a copy for your records. Send your original filing as instructed below.
	documentation must be attached. See form FIS 2051 for detailed instructions.	

#### Contact DIFS at 1-877-999-6442 toll-free if you 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.			County of day of	, 20 , before me, the			
Signature Date signed				, <u></u> ,			
ed or printed)		documentary eviden the preceding docum	ce in the form of to be nent in my presence a	the person(s) who signed nd who swore or affirmed			
it this form, false statements, or omi	ssions may result in rejection						
	s are completed and	Signature of Notary P	Public				
DIFS – Consumer Finance PO Box 30220 Lansing, MI 48909-7720							
	ed or printed) le Deferred Presentment Service Tra nit this form, false statements, or omi f a license, revocation of a license if Be sure that all checklist item r office: DIFS – Consumer Finance PO Box 30220	Date signed         ed or printed)         ne Deferred Presentment Service Transactions Act.         nit this form, false statements, or omissions may result in rejection f a license, revocation of a license if issued, and other civil and         Be sure that all checklist items are completed and r office:         DIFS – Consumer Finance PO Box 30220	of perjury that the information above and attached is true,       State of         Date signed       On this         undersigned notary,       personally known to documentary evident the preceding documentary evident the signal         re Deferred Presentment Service Transactions Act.       me that the signal         re Deferred Presentment, or omissions may result in rejection f a license, revocation of a license if issued, and other civil and       Signature of Notary F         Be sure that all checklist items are completed and r office:       DIFS – Consumer Finance       Signature of Notary F	of perjury that the information above and attached is true,       State ofCounty of On thisday ofundersigned notary, personally appeared			

## **Bond–Deferred Presentment Service Provider**

Bond Number

Complete and attach this form with original signatures to your application form as instructed on the application checklist. This bond remains in full force and effect for all locations from which Principal conducts Deferred Presentment activity in the State of Michigan.

KNOW ALL PERSONS BY THESE PRESENTS, That

of		_, State of	as PRINCIPAL and
	of		as SURETY are held

and firmly bound unto the People of the State of Michigan, for the use of said State and of any person or persons who may have a cause of action against the above principal under the provisions of 2005 PA 244, as amended,

in the sum of \$\_\_\_\_\_\_, lawful money of the United States, to be paid to the Director of the Department of Insurance and Financial Services of the State of Michigan on behalf of the People of the State of Michigan, or its assigns, for payment to be well and truly made, we bind ourselves, our heirs, executors, administrators, successors, and legal representatives, jointly and severally, firmly by these presents.

Whereas, the above bounden principal has received, or is about to receive, a license from the Director, Department of Insurance and Financial Services of said State of Michigan authorizing the PRINCIPAL to engage in the business of Deferred Presentment Service Transactions under the provisions of 2005 PA 244, as amended.

The condition of this obligation is such, that if the said principal will conform to and comply with each and every provision of the act and all rules and regulations lawfully promulgated thereunder by the Director, Department of Insurance and Financial Services of the State of Michigan, and will pay to said State and to such person or persons, any and all moneys that may become due or owing to said State and to such person or persons from the obligor, principal, and by virtue of the provisions of said 2005 PA 244, as amended, then this obligation shall be void, otherwise it is to remain in full force and effect.

This bond shall be effective

\_\_\_\_\_and shall be in force for the term ending September 30, 20

This bond may be continued in force for an additional term or terms by suitable continuation certificates executed by the surety *with* the approval of the Director, pursuant to such regulations as may hereafter be provided.

Signed, sealed and dated this day, \_\_\_\_\_, 20\_\_\_\_.

In the presence of:

Witness

Witness

Principal

Principal

Surety

name of the pledges

Surety

FIS 2041 (04/20) Department of Insurance and Financial Services Page 1 of 2

#### 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.

#### (Check Box) This is a request for initial branch office license(s) pending approval of applicant's license application.

Name of Applicant as entered on form FIS 2040		Tax ID Number (FEIN)					
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				
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				
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 inform	-					
Applicants filing for <b>initial</b> branches attach to your application filing and send to DIFS:	true, complete and correct to the best	st of my knowledge an	d belief.				
	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 omissi and other civil and criminal action.	ions may result in rejection of your applicatior	n, denial of a license, revc	ocation of a license if issued,				



 Michigan Department of Insurance and Financial Services

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 Visit DIFS online at: www.michigan.gov/difs
 Phone DIFS toll-free at: 877-999-6442

#### FIS 2041 (04/20) Department of Insurance and Financial Services Page 2 of 2

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				
<b>i</b>	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				
	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)				
I	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				
1	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 number (FEIN)						
Designated representative (person responsible for inquiries about this fee card and attached payment)								
Name and title Telephone number (include area c								
This is an initial application for license as a Deferred Presentment Service Provider in	n Michia	ian						
All applicants pay one Application (investigation of applicant) fee of \$350.00 plus a \$100 fee for one main office		,	itional N	lichigan	busines	S		
location (branch office). Companies with only one or with no business locations in Michigan would enter one (1)			)0 on lin	e 3.				
Application fees (lines 2 and 3) must be included when you make application. They are not refundable under an	ny circumst	ances.						
If the application for license is approved, applicant must pay a \$450.00 license fee per location. Applicants can	nav this fee	≏ with tl	he appli	cation so	n proces	sina will		
continue uninterrupted when application is approved. Applicants can also choose to be billed for the license fee					•	•		
license until license fees are received and processed. If an application is not approved, any license fees that	at were pre	epaid (	line 4) v	vill be p	romptly	refunded.		
1. Enter the total of ONE main office (located in or out of Michigan) PLUS each additional Michigan				-				
business location (branch office) where company will transact Deferred Presentment Service business	1.							
Application fee-investigation of applicant (non-refundable)				. 2.		\$350.00		
3. Application fee per business location (non-refundable): <i>Multiply line 1 by \$100.00</i>				3.	\$	.00		
4. License fee: Multiply line 1 by \$450.00. Enter amount on line 4 IF you are paying license fee and application	n fees toge	ether .		. 4.	\$	.00		
OR Check if you prefer that we $\Box$ Bill for the license fee upon approval of this application (leave line 4	4 blank)							
5. Total Fee Amount Due Now: Add lines 2, 3 and 4				5.	\$	.00		
				L	1			

## This is to add one or more business locations for a Deferred Presentment Service Provider currently licensed in Michigan

Licensed Deferred Presentment Service Providers pay a \$550.00 fee (\$100 application fee and a \$450.00 license fee) to license each new Michigan business location (branch office). There is no fee to close a business location. A change of location is considered the closing of the existing location and the opening of a new location, for which the \$550.00 fee is due. There is no provision to move or relocate an office.

6. Total number of business locations company is adding. Attach form FIS 2041 Branch Activity List for				
Deferred Presentment Service Providers	6.			
		·		
7. Total Fee Amount Due: Multiply number on line 6 by \$550.00 (\$100.00 application fee plus \$450.00 licen	sina f	ee)	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

7. Total Fee Amount Due: Multiply number on line 6 by \$550.00 (\$100.00 application fee plus \$450.00 licensing fee)

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.

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.



#### **Michigan Department of Insurance and Financial Services**

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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.

Name of Applicant including dba name(s) if applicabl	e		Тах	ID number (FEIN)	
Address 1: Applicant's principal U.S. administrative office (must include street address)	<i>check if ad</i>	dress is: imary mailing address	Address 2: Company's primary office in Michigan (must include street address)	check if Same as a	iddress 1 primary mailing address
Number, street and floor or suite number			Number, street and floor or suite number		
PO Box			PO Box		
City	State	Zip	City	State MI	Zip
Address 3: Primary mailing address (only if different	ent than address 1 or	2)	Michigan Resident Agent * (person who acce)	pts service of process on	company's behalf)
Name			Name		
Number, street and floor or suite number			Number, street and floor or suite number		
PO Box			PO Box		
City	State	Zip	City	State	Zip

\* If applicant is a Corp., LLC, or LP, Michigan Resident Agent must be as filed with the Corporation Division of the State of Michigan Bureau of Commercial Services.

**Deferred Presentment Service applicants:** Provide a list of all branch office information on Form FIS 2041 Branch Activity List for DPSPs. Enter under "Address 2," the address of the primary office in Michigan where you provide deferred presentment business services to customers.

Money Transmission Service applicants: Maintain a list of authorized delegates and additional locations as instructed on Form FIS 2060.

All others: Attach a report listing all Michigan branch offices where applicant will conduct business. Give street address and name of manager for each branch location.

Contact person (person at this applicant business	responsible for addressing inquiries from ou	r office after issuance of a license)			
Name and title		Telephone number (include area code)			
Number, street and floor or suite number		Fax number <i>(include area code)</i> Company website address (URL) if applicable			
PO Box					
City	State Zip	Email address			
1. Company is organized as the following ty         Corporation         Limited Liability Company (LLC)         Limited Partnership (LP)         General Partnership	Please enter your 6-digit Michigan I.D. number:	Michigan Corporation ID number Michigan Corporati is availab www.michigan.gov	ole at:		
2. Company state of organization:	ner (enter state of organization)	3. Company date o (mm/dd/yyyy):	of organization		

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

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- 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

Name	Title and/or stock %	Name	Title and/or stock %
		1	

Each person listed above must complete and attach form FIS 2051 Affiliation Disclosure. All entities (including corporate stockholders) with an ownership interest in the applicant must appear on a chart of controlling and subsidiary entity relationships. These requirements are waived if applicant is a wholly owned subsidiary of a publicly traded U.S. corporation.

#### 5. Does applicant hold any type of financial services license (such as insurance, securities, banking/finance) issued by Michigan or another state?

Yes No If yes, complete below. Attach additional page(s) if necessary.

License number	Type of license	Name of regulatory agency issuing license
	License number	License number Type of license

6. Give a general description of the applicant's proposed business activities. At a minimum, include a list of services applicant will provide consumers, and how the applicant plans to generate business.



Michigan Department of Insurance and Financial Services DIFS is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities. Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442 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 applicant Each person affiliated with the applicant as described below must complete this Applica					
<ul> <li>Proprietor</li> <li>Partner</li> <li>Member if applicant is</li> <li>Member of the corporation's Board of</li> <li>Directors, Board of Trustees, Executive</li> <li>liability company</li> <li>Officer of the corporation</li> <li>I am affiliated with a corporate stockholder of the applicant corporation</li> <li>I am affiliated with a corporate stockholder of the applicant corporation, the corporation is not required to file this form.</li> <li>Your NAME (First Middle Last) and TITLE as it relates to the applicant company</li> </ul>	If affiliated party is a Corporate Stockholder, complete this section:         Name of Corporation       State of Incorporation         Percentage of ownership of applicant company       Corporation Tax ID Number (FEIN)         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 MAILING ADDRESS (be sure to keep your mailing address current with our office)	Your BUSINESS ADDRESS or check if	] same as mailing address			
Address line 1	Address line 1				
Address line 2	Address line 2	_			
City State or Province Zip or Postal Code	City	State or Province Zip or Postal Code			
Country (if other than United States)	Country (if other than United States)				

#### PART 2: Confidential background information disclosure:

By signing below, I indicate that I understand and agree to the following: The Department of Insurance and Financial Services (DIFS) will evaluate my suitability under Michigan law relating to the applicant company I am affiliated with. Error, omission or fraud on this Affiliation Disclosure may result in denial of the company's application, revocation of license if issued, and criminal or civil action against myself and the applicant company. DIFS may use the information below in the conduct of an investigation which may include contact with governmental agencies, credit or other reporting agencies, courts, previous employers and associates. If any information indicates a violation of law, it will be referred to the appropriate authority. If information about me warrants denial of the application, the Department of Insurance & Financial Services will provide the applicant company written notice of the facts, including a statement of the statutory and factual reasons, and the applicant's rights to dispute or appeal such a denial.

#### Information given below on this page only is confidential. It is NOT a public record and shall not be released under the Freedom of Information Act.

Mr. FULL LEGAL NAME of affiliated person		Jr., Sr., II, III etc.	Y	Your Social Security Number							
Mrs.											-
Ms.						1 1		1	1		
Your RES	IDENCE ADDRESS (must include actual street address, not PO Box)	Daytime phone with area code, for questions about this form:									
Address lin	ne 1	Driver's license number	Driver's license number State								
Address lin	ne 2	Date of birth (mm/dd/yyyy)	Date of birth (mm/dd/yyyy)								
City	State Zip	Email address	Email address								
Other nam	nes with social security numbers under which my tax information is filed	Other names by which I am known no	Other names by which I am known now or have been known by in the past								
Certificat	lion	Signature of offiliated person					Doto		nod		
agree to it	ad the confidential background information disclosure. I understand t. I swear under penalties of perjury that the information given on to this Affiliation Disclosure is true, accurate and complete.	anu	Signature of affiliated person   Date signed								

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PART 3:	
1. Have you ever been convicted of, or are you currently charged with, committing a crime?	"Crime" includes a misdemeanor, felony or a military offense.
Yes No If yes, attach the following to this Affiliation Disclosure:	Exclude misdemeanor traffic citations and juvenile offenses. "Convicted of" includes a finding of guilty by verdict of a judge
A written statement explaining the circumstances of each incident; a copy of the charging document;	or jury, having plead guilty or nolo contendre, or having been
a copy of the official document that demonstrates resolution of the charges or any final judgment.	given probation, a suspended sentence or a fine.
2. Have you or any business in which you are or were an owner, partner, officer, director or member ever been involved in an administrative proceeding regarding any professional or occupational license (including unlicensed activity you were required to be licensed for)?	"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
Yes No If yes, attach the following to this Affiliation Disclosure:	a party to an administrative or arbitration proceeding related to
A written statement explaining the type of license and the circumstances of each incident; a copy of the hearing notice or other document that states charges and allegations; a copy of the official document that demonstrates resolution of the charges or any final judgment.	a professional or occupational license. It also means having a license application denied or withdrawal of an application to avoid a denial.

#### 3. Are you presently or have you ever been a party to, or have you been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

Yes No If yes, attach the following to this Affiliation Disclosure:

A written statement explaining the circumstances of each incident; a copy of the petition, complaint or other document that commenced the lawsuit or arbitration; a copy of the official document that demonstrates resolution of the charges or any final judgment.

4. Have you personally or has any business in which you have had an ownership interest (other than stock in a publicly traded company), or served as an officer or director, ever been declared bankrupt or filed for bankruptcy?

Yes No If yes, attach the following to this Affiliation Disclosure:

A written statement explaining the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy; a copy of the discharge of bankruptcy.

#### 5. Do you hold any type of financial services license (such as insurance, securities, banking/finance) issued by another state?

Yes No If yes, complete below. Attach additional page if necessary.

State	License number	Type of license	Name of regulatory agency issuing license

#### 6. Please describe your experience in the consumer financial services business. List all consumer financial service firms you have been employed by:

Consumer financial services includes but is not limited to: Mortgage brokering, mortgage lending; mortgage servicing; motor vehicle installment sales; credit card; sale of checks; regulatory loan; money transmission service; and deferred presentment service transactions. Attach additional pages if necessary.

#### 7. Will your affiliation with the applicant company be your primary occupation or business activity?

Yes I No If no, what is your primary occupation or business activity?

# 8. Please give your employment history for the past ten years. Account for all time and all employment experience. Include full and part-time work, self employment, military service, unemployment and full-time education. Start from the present time and work back 10 years. *Attach additional pages if necessary.*

Employer name	Location (city, state)	From month year	To month year	Position held
			Present	

9. Please list all firms, companies, corporations or other business organizations of which you are a director, officer, employee, partner, owner or member. *Attach additional pages if necessary.* 

Name of business	Name of business Location (city, state)		Position held	

#### Filing Instructions

Be sure that all pages of this Affiliation Disclosure are completed and that any required supplemental information is attached. Check to be certain that the certification statement at the bottom of page 1 is signed. Include with applicant company's application filing, and (unless you are an affiliate of a corporate stockholder) send to our office:

By Mail to: DIFS – Consumer Finance PO Box 30220 Lansing, MI 48909-7720 By Delivery to: DIFS - Consumer Finance 530 W. Allegan Street 7<sup>th</sup> Floor Lansing MI 48933

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.



## FIS 2053 (11/22) Department of Insurance and Financial Services Page 1 of 2 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.

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

Date of Financial Statement: (mm / c
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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.	<ul> <li>real property acquired through foreclosure.</li> <li>(d) An investment shown on the balance sheet in joint ventures, subsidiaries, or affiliates that is greater than the market value of the investment.</li> <li>(e) Goodwill or value placed on insurance renewals or property management contract renewals or other similar intangible value.</li> <li>(b) Organization costs</li> </ul>
Attention Money Transmission Services Providers: Permissible Assets must be sufficient to cover outstanding payment instruments (Sections 31 and 32 of 2006 PA 250).	(f) Organization costs.

Verification	Cer	tification of Notary Public					
I swear under penalties of perjury that t is true, accurate, and complete.	State of	County of	20	. before me.			
Signature	Signature Date signed		On thisday of, 20, before 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 proceeding document in my presence and who						
Authority: This form is a required attachment to a authorized under the same public act as the app to complete or submit this form, false statements application, denial of license, revocation of a licen	•	ed to me that the signation of the signa					
Disclose net worth on page attach an independently audit							



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 describe other items. Attach additional pages if necessary. Place applicant name, tax ID number (FEIN) and fiscal year end in the upper right corner of all attachments.

AS	SETS		liabi	LITIES AND STOCKHOLDERS' / MEMBERS' EQUITY
	CURRENT ASSETS		L	IABILITIES
1.	Cash		19. N	lotes payable
2.	Notes receivable		20. A	Accounts payable
3.	Accounts receivable		21. M	lortgage loans and contracts payable
4.	Mortgage loans and contracts receivable		С	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. T	otal Liabilities (add lines 19 through 26)
10.			S	TOCKHOLDERS' / MEMBERS' EQUITY
11.			28. C	Common stock
12.			29. P	Preferred stock
13.			30. A	dditional paid-in capital
14.			31. R	Retained earnings
15.			32. N	lembers' equity
16.			33	
17.			34	
18.	Total Assets (add lines 1 through 17)		35.	
		:	36. T	otal Stockholders' / Members' Equity
			(8	add lines 28 through 35)
		:	37. T	otal Liabilities and Stockholders' /
			Ν	Iembers' Equity (add lines 27 and 36)

## NOTE: Total Assets (Line 18) = Total Liabilities (Line 27) + Total Stockholders'/Members' Equity (Line 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