

BROKER/LENDER/SERVICER OFFICER/MANAGER QUESTIONNAIRE

This questionnaire is to be completed by either an officer or a manager of the licensee/registrant. The information provided in this report is considered confidential as it is intended for use during the licensee's examination/investigation, conducted under the Mortgage Brokers, Lenders, and Servicers Licensing Act (MBLSLA), the Secondary Mortgage Loan Act (SMLA), and/or the Consumer Financial Services Act (CFSA). Please attach additional pages as necessary.

<p>1. Does licensee/registrant have any affiliated companies? <ul style="list-style-type: none"> If yes, attach a list and describe the affiliation. </p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. In the last two years, has licensee/registrant made, brokered, or serviced any reverse mortgages secured by Michigan property? <ul style="list-style-type: none"> If yes, check all that apply.) <input type="checkbox"/> HECM <input type="checkbox"/> Proprietary _____ </p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. In the last two years, has licensee/registrant brokered, made, or serviced any first lien mortgages secured by Michigan property? <ul style="list-style-type: none"> If yes, indicate the type of activity. <input type="checkbox"/> broker <input type="checkbox"/> lender <input type="checkbox"/> servicer </p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. In the last two years, has licensee/registrant brokered, made, or serviced any junior-lien mortgages secured by Michigan property? <ul style="list-style-type: none"> If yes, indicate the type of activity. <input type="checkbox"/> broker <input type="checkbox"/> lender <input type="checkbox"/> servicer </p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. In the last two years, has licensee/registrant acted as a master servicer for any mortgage loans secured by Michigan property? <ul style="list-style-type: none"> If yes, provide a list of all loans sub-serviced, identifying the sub-servicer for each loan. In addition, provide copies of any contracts or agreements. </p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Does licensee/registrant charge a fee for locking an interest rate on Michigan mortgage loans? <ul style="list-style-type: none"> If yes, does licensee/registrant have a written rate lock agreement? Provide a blank copy. </p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. Does licensee/registrant have a warehouse line(s) of credit or other form of credit for funding Michigan mortgage loans, or used in connection with the servicing of mortgage loans?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<ul style="list-style-type: none"> • If yes, attach a copy of the agreement(s), and • a list of the loans currently outstanding on the line(s) of credit, • and a six-month aging report. 	
<p>8. Does licensee/registrant impose a minimum mortgage loan amount greater than \$10,000 or a minimum home improvement loan amount greater than \$1,000 for mortgage loans secured by Michigan property?</p> <ul style="list-style-type: none"> • If yes, please explain and identify any minimum imposed. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Does licensee/registrant maintain policies concerning its criteria for approval or denial of a Michigan mortgage loan?</p> <ul style="list-style-type: none"> • If yes, provide a copy of the policy. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. Is licensee/registrant currently delinquent (more than 60 days past due) on any account owed to a vendor, such as an appraiser or credit reporting agency, tax service provider, or a foreclosure attorney?</p> <ul style="list-style-type: none"> • If yes, explain. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11. In the last two years, has licensee/registrant assigned any first-lien Michigan mortgage loans to individual investors, as that term is defined under the MBLSLA?</p> <ul style="list-style-type: none"> • If yes, provide documentation that verifies the investor met the requirements described in Section 29(1)(c)(iii)(A) and (B) of the MBLSLA. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Does licensee/registrant conduct any activities at the business location(s) other than mortgage activity?</p> <ul style="list-style-type: none"> • If yes, explain. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13. In the last two years, has licensee/registrant had any branch or satellite offices?</p> <ul style="list-style-type: none"> • If yes, attach a list identifying the location, dates opened or closed, whether the branch originates Michigan mortgage loans, as well as a description of any servicing functions performed at each location. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>14. In the last two years, has any business agreement between licensee/registrant and a lender, an investor, or a sub-servicer been terminated by either party, for reasons other than insufficient volume?</p> <ul style="list-style-type: none"> • If yes, explain. 	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>15. In the last two years, has any regulatory action been taken against any license/registration held by the licensee/registrant or its principals?</p> <ul style="list-style-type: none"> • If yes, explain. 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>16. In the last two years, has licensee/registrant had an audit of its books and records, either financial or regulatory in nature, which includes any examinations by other state or federal regulators?</p> <ul style="list-style-type: none"> • If yes, provide a list with dates of audit and current status. 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>17. Has licensee/registrant performed any quality control reviews, either internally or externally?</p> <ul style="list-style-type: none"> • If yes, for the last two reviews provide the date the review was conducted, a copy of the report, and a description of any action taken as a result of the findings. 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>18. Does the licensee/registrant have a written information security program to protect consumer information?</p> <ul style="list-style-type: none"> • If yes, provide a copy. 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>19. Does the licensee/registrant believe that its disposal practices will reasonably protect against unauthorized access to, or use of, consumer information?</p> <ul style="list-style-type: none"> • Provide a description of current disposal policies or procedures. 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>20. Does the licensee/registrant, as part of its information security program, do the following:</p> <ul style="list-style-type: none"> • Designate one or more employees to coordinate the safeguarding of information? • Identify and assess the risk to customer information in each relevant area of the licensee/registrant's operation and evaluate the effectiveness of the current safeguards for controlling these risks? • Implement safeguards to control the risks identified and regularly monitor or test their effectiveness? • Select service providers that maintain appropriate safeguards for customer information? • Evaluate and adjust the program in light of relevant circumstances, including changes in the licensee/registrant's business arrangements or operations, or the results of testing or monitoring safeguards? 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>21. Does the risk assessment in the information security program include consideration of risks in the following areas?</p> <ul style="list-style-type: none"> • Employee training and management • Storage, disposal, and transmission of electronic information • Storage and disposal of hard-copy documents and information • Managing system failures 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>22. Does the licensee/registrant have a policy or procedure related to a notification of address discrepancy on a credit report?</p> <ul style="list-style-type: none"> • If yes, provide a copy. 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>23. Does the licensee/registrant have a written Anti-Money Laundering program? If yes, please provide a copy.</p> <ul style="list-style-type: none"> • Does the program incorporate policies, procedures, and internal controls based upon the company's assessment of the money laundering and terrorist financing risks including provisions for complying with The Bank Secrecy Act? • Does the program designate a compliance officer who is responsible for implementation, monitoring, updating, and education of appropriate employees? • Does the program provide on-going training of appropriate persons concerning responsibilities under the program? If yes, provide evidence of completed training. • Does the program provide for independent testing to monitor and maintain an adequate program, including testing to determine compliance of the company's agents and brokers with their obligations under the program? If yes, provide evidence of completed testing. 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>24. Does the licensee/registrant have a written Identity Theft Prevention Program? If yes, please provide a copy.</p> <ul style="list-style-type: none"> • Is there a periodic risk assessment? • Does the program identify, detect, and respond to red flags? • Is the program updated periodically? • Does the program include management oversight, staff training, and appropriate oversight of service providers? If yes, provide evidence of completed staff training. 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>25. Does licensee/registrant maintain copies of all creditor/broker compensation agreements?</p> <ul style="list-style-type: none"> • Provide copies of all agreements relevant to Michigan mortgage loans for the last 12 months. 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>26. Does licensee/registrant have written compensation agreements with its loan originators that are employees/agents, including branch managers?</p> <ul style="list-style-type: none"> • Provide copies of all agreements relevant to Michigan mortgage loans for the last 12 months. 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>27. Does licensee/registrant have any contracts for services such as processing, underwriting, closing, quality control, tax services, or disposal services?</p> <ul style="list-style-type: none"> • If yes, provide copies of the contract(s) covering the last 12 months. 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>28. Does licensee/registrant use, or have contracts with, any collection agencies?</p> <ul style="list-style-type: none"> • If yes, provide a list of services performed, and/or copies of contracts. 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>29. Does licensee/registrant have any employees who have operated under the Temporary Authority to Operate (TAO)?</p> <ul style="list-style-type: none"> • If yes, provide a list with the employee's name, NMLS ID# and their employment start date. 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. State licensee's/registrant's fiscal year-end (month and day):</p> <p>_____</p>	

Provide the following:

31. A list of all licensee's/registrant's bank accounts for the last 12 months. Include account numbers and describe what each account is used for.
32. For each bank account in which escrow funds are maintained, provide the most recent bank statement, the escrow liability at the end of the period for each individual related servicing account, and the corresponding reconciliation. For all additional bank accounts, provide statements for the last 6 months and corresponding reconciliations.
33. The check registers or ledgers for 6 months on all bank accounts.
34. Provide statements for credit cards used to pay corporate expenses for the last 6 months.
35. The most recent general ledger trial balance, balance sheet and income statement for licensee/registrant.
36. Payroll records, including transaction-specific compensation detail for the loans identified by the Examiner for review.

37. A list, preferably in Excel, of all Michigan mortgage loan applications received in the last 24 months. Include the following fields:
- a. Loan originator name
 - b. Loan originator NMLSR ID#
 - c. Processor name (individual)
 - d. Processing entity (if applicable)
 - e. Applicant name
 - f. Loan number
 - g. Application date
 - h. Date closed (if applicable)
 - i. Status of application (closed, withdrawn, denied, in process, or rescinded)
 - j. Property address (including street address and city)
 - k. Property type (primary residence, secondary residence, investment)
 - l. Loan amount
 - m. Rate type (fixed, adjustable)
 - n. High cost or higher-priced loan (if applicable)
 - o. Lien position (first, second)
 - p. Loan purpose (purchase, refinance, reverse, reverse purchase)
 - q. Loan program (conventional, FHA, VA, HELOC, etc.)
 - r. Branch office (if applicable)
 - s. Lender of record, the entity to whom the note was initially payable
 - t. Funder (if different than lender of record)
 - u. Broker of record (if loan was brokered to lender)
 - v. Compensation source (lender paid/borrower paid)
 - w. For reverse mortgage origination, also include the following:
 - Principal limit
 - FHA case # assigned date
 - Product type (HECM Saver, HECM Standard, Proprietary)
 - Repairs after closing (Y/N)
38. A list of all lenders or investors to which Michigan mortgage loans were brokered or sold in the last 24 months. Identify which companies close the loans under their name.
39. A list of all Reverse Mortgage counselors you conduct business with.
40. A list of all current and past employees/agents (including branch office managers and employees/agents) for the last 24 months, including job titles, date hired, date terminated, and the reason for leaving.
41. A job description for each job classification.
42. Copies of all W-2 or 1099 statements issued during the last two years.
43. Copies of all policies and procedures established, including but not limited to:
- a. Mortgage loan origination (i.e. processing, underwriting, closing, post-closing)

- b. Mortgage loan servicing (i.e. loan boarding, payment processing, escrow administration, loss mitigation, customer service)
 - c. Marketing/Advertising
 - d. Fees charged
 - e. Quality control
 - f. Compliance Management System
 - g. Oversight of sub-servicers
44. A list of licensee's/registrant's officers, directors, and shareholders, if a corporation; members, if a limited liability company; or partners, if a partnership. Include percentage of ownership.
45. Copies of corporate records – board minutes, corporate resolutions, etc. (or equivalent if other form of entity) for the past 24 months.
46. Copies of all advertising licensee/registrant has done in Michigan within the last 12 months. If applicable, provide copies of all marketing materials for forward and reverse mortgage loans, including but not limited to, print materials (print ads, brochures, direct mailings, flyers, etc.); radio or television transcripts; telemarketing scripts; internet screen shots; email solicitations; social media site ads; and any instructions on oral solicitations by sales staff. Include the date and venue for publication or use of each item. If employees/agents personally advertised loan origination services related to Michigan mortgage loans, provide copies of those advertisements.
47. All licensee's/registrant's website addresses and social media sites. Include specific social media sites operated by licensee/registrant, as well as those operated by employees/agents.
48. Flow charts of all processes related to servicing, if available.
49. A list of all investors for which licensee/registrant has serviced Michigan mortgage loans during the last two years. Also, provide copies of the servicing agreements.
50. A list of codes utilized in the servicing platform along with the corresponding descriptions.
51. A list of screens utilized in the servicing platform along with the corresponding descriptions.
52. A list of fees assessed in connection with the servicing of Michigan mortgage loans, such as insufficient funds, attorney fees, delinquency charges, or other corporate advances.
53. Indicate office hours and days office is open, including Saturdays, if applicable. If open on Saturdays, does licensee/registrant carry on substantially all of its business functions?

54. Describe how licensee/registrant complies with The Electronic Signatures in Global and National Commerce Act (E-SIGN Act). Provide all applicable policies and procedures.

I certify that all information, provided in response to this questionnaire, is true and correct to the best of my knowledge.

Signature Title Date

Printed Name Printed Title

Name of Licensee/Registrant