

# **MORTGAGE BROKER CHANGE OF OPERATIONS MANAGER APPLICATION**

## **Ohio Mortgage Broker Act**

Ohio Revised Code Sections 1321.21; 1322.01 to 1322.12; and 1322.99  
Ohio Administrative Code Chapter 1301:8-7



## **Ohio Department of Commerce Division of Financial Institutions**

77 South High Street, 21st Floor  
Columbus, Ohio, 43215-6120  
Telephone: (614) 728-8400  
[www.com.state.oh.us/dfi](http://www.com.state.oh.us/dfi)

**WARNING: It is a crime to knowingly provide a false statement to a government official or public agency.  
Revised Code 2921.13.**

*"An Equal Opportunity Employer and Service Provider"*

# Change of Operations Manager

Ohio Revised Code Sections 1321.21; 1322.01 to 1322.12; and 1322.99  
Ohio Administrative Code Chapter 1301:8-7

## EXPLANATION AND INSTRUCTIONS

### EACH Change of Operations Manager Application Package Must Contain the Following:

- Duly Executed **Request to Change Operations Manager Form and accompanying Company Resolution**
- **Mortgage Broker Schedule A** - Each applicant for Operations Manager must complete a Mortgage Broker Schedule A. The Schedule A must coincide with the resume. (See attached Schedule A.)
- **Operation Manager Profile** – Each applicant for Operations Manager must complete and execute the Operations Manager Profile Form. (See attached Form.)
- **Background Check / Fingerprints** – Criminal history background reports from both the Federal Bureau of Investigation and Ohio Bureau of Criminal Identification & Investigation must be current within six months of the application date for Change of Operations Manager. (See attached instructions.)
- **Criminal History Attestation** – If you are currently a loan officer or an Operations Manager licensed with this Division, and your Background Check/Fingerprints report has been filed with this Division within the last six (6) months, you may complete the Criminal Attestation Form. (See attached Form.)
- **Company Information** – This information will be used to update the Division’s database file. (See attached form.)
- **Resume** - The resume should demonstrate that the Operations Manager has thirty-six months lending and mortgage experience. The resume must coincide with the W-2 forms and Mortgage Broker Schedule A.
- **W-2 Forms** – Provide copies of W-2 forms for the Operations Manager for the three tax years immediately prior to submission of this application. (Form 1099 will not be accepted.) Certified copies of payroll records and IRS transcripts will be accepted. The W-2 forms will serve as verification of the work history/experience listed on the Mortgage Broker Schedule A and Resume.
- **Continuing Education** – If the Operations Manager applicant is currently a licensed loan officer, submit a copy of the license and a copy of the supporting documentation that the six hours of required continuing education for the prior calendar year has been completed.

**Mail the Change of Operations Manager Application package to:**

**Ohio Department of Commerce  
Division of Financial Institutions  
77 South High Street, 21<sup>st</sup> Floor  
Columbus, Ohio 43215-6120**

For DFI Use Only

Issue Date \_\_\_\_\_

File ID \_\_\_\_\_

# MORTGAGE BROKER CHANGE OF OPERATIONS MANAGER

Ohio Revised Code Sections 1321.21; 1322.01 to 1322.12; and 1322.99  
Ohio Administrative Code Chapter 1301:8-7

*Print or Type in Blue or Black Ink*  
Answer all questions. If not applicable, please indicate.

1. Mortgage Broker Name: \_\_\_\_\_
2. Mortgage Broker Certificate of Registration # \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_
3. Name of Current Operations Manager: \_\_\_\_\_
4. Date of Resignation/Dismissal of Current Operations Manager: \_\_\_\_\_
5. Name of **Proposed** Operations Manager: \_\_\_\_\_
6. Social Security Number of **Proposed** Operations Manager: \_\_\_\_\_
7. Proposed Start Date of Proposed Operations Manager: \_\_\_\_\_
8. Proposed Operations Manager's signature acknowledging acceptance of the position:

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Loan Officer License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The undersigned hereby swears or affirms that this application and any attachments have been prepared or carefully reviewed by me and that these constitute a complete, truthful, and correct statement of all information requested herein. I realize that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of this application or revocation of any license granted hereunder, and is subject to criminal prosecution.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**For DFI Office Use Only**

Date application approved \_\_\_\_\_

By \_\_\_\_\_, Superintendent

## COMPANY RESOLUTION

(To be adopted by all companies for the purpose of demonstrating that the person signing documents and forms filed with, or submitted to, the Division of Financial Institutions, Consumer Finance Section, has the company's authority to sign on behalf of the company. *NOTE: it is not necessary for sole proprietors to submit a company resolution.*)

\_\_\_\_\_  
(Name of Company)

AT A MEETING OF ITS \_\_\_\_\_ HELD AT \_\_\_\_\_  
(members, partners, managers, trustees or board of directors)

ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_, PURSUANT TO LAWFUL NOTICE OR

WAIVER THEREOF, and at which meeting a quorum for the transaction of business was present, the

following was duly adopted:

“**BE IT RESOLVED**, that \_\_\_\_\_  
(Name of Individual and Company Title)

or \_\_\_\_\_  
(Name of Individual and Company Title)

Of \_\_\_\_\_  
(Name of Company)

Be authorized and directed by the Company's members, partners, managers, trustees or board of directors, to execute and submit filings and forms for, and all acts amendatory thereof and supplemental thereto, the Company, to the Division of Financial Institutions.”

### CERTIFICATION

The undersigned hereby certifies that he/she is the \_\_\_\_\_ Secretary of \_\_\_\_\_, a company organized and existing under the laws of the State of \_\_\_\_\_; that the foregoing is a true and correct copy of a resolution duly adopted at a meeting of the members, partners, managers, trustees or board of directors of the company held on \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_, at which meeting a quorum was at all times present and acting; that the passage of said resolution was in all respects legal; and, that said resolution is in full force and effect.

By \_\_\_\_\_  
(Company Secretary – Signature)

Date \_\_\_\_\_

Company Seal

# MORTGAGE BROKER SCHEDULE A

## Disclosure Form

### Filing Instructions:

For purposes of filings associated with Mortgage Brokers, the following natural persons must each submit a separate **Schedule A**:

**Corporation**, each senior officer, and anyone who owns 5% or more of the business

**Partnership**, every partner and each senior officer

**L.L.C.**, each member and each senior officer

**Sole Proprietor**, the owner

**Operations Manager**, the operations manager under the Ohio Mortgage Broker Act must file a "Mortgage Broker Schedule A" for a new company or when there is a change in the operations manager.

**Separate exhibits should be attached when space provided is not sufficient. Omissions will be construed as an intentional failure to disclose a material fact and will be sufficient grounds for denial.**

\_\_\_\_\_  
Name of Applicant Company

\_\_\_\_\_  
Certificate of Registration Number

1. Name \_\_\_\_\_  
(Full name and any and all alias, AKA and FKA of person completing this form)

Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Your Title: senior officer, partner, member, sole proprietor, person holding 5% or more interest in applicant or operations manager \_\_\_\_\_

3. Residence address for the last ten years. (Use Addendum – Residence History if needed)

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Employment and ownership record for the last ten years. Include all companies that the person completing this form has or had an interest in as an officer, manager, partner, member, voting stockholder, or 5% or more ownership interest. All periods of time for the last ten years must be accounted for—including periods of unemployment. (Use Addendum – Employment History if needed)

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Duties \_\_\_\_\_

5. Have you ever been discharged or requested to resign from any position? Yes  No

If yes, furnish details: \_\_\_\_\_

6(a). Have you ever had any type of approval or application to conduct business (such as a license or certificate of authority) denied, revoked, suspended, or refused to be renewed or have you ever been fined by any state or federal regulatory authority or court in relation to any claim of misconduct in a business transaction? Yes  No

6(b). Have you ever been an officer, or more than 5% owner or director of any organization which has had a license, certificate, application, approval to conduct business, or any other type of authority, denied, revoked, suspended or refused to be renewed or has been fined by any state or federal regulatory agency or court in relation to any claim of misconduct in a business transaction? Yes  No

If you answered yes to either question 6(a) or 6(b), furnish details. Include dates, nature of offense(s), court, and disposition:

7(a) Have you ever been arrested for, charged with, convicted of, or pleaded guilty to, any criminal offense involving theft, receiving stolen property, embezzlement, forgery, fraud, passing bad checks, money laundering, or drug trafficking, or any criminal offense involving money or securities? **Please note that a THEFT conviction, as that offense is defined in Revised Code 2913.01(K), is a statutory bar to receiving a certificate of registration.** Yes   
No

7(b) Have you ever been directly or indirectly connected with any organization which has been convicted of any criminal offense? Include MISDEMEANOR and FELONY offenses from ANY state or the federal government. NOTE: DUIs and DWIs are criminal offenses. Yes  No

If you answered yes to either question 7(a) or 7(b), submit a detailed explanation of the facts and circumstances which gave rise to each incident AND for: (i) **any conviction** provide a certified copy of the journal entry evidencing the disposition of each charge; (ii) **any guilty plea** provide a certified copy of the plea agreement; and (iii) **any pending criminal charges** provide a certified copy of the indictment or criminal complaint. (See instructions for Question 16 of the Mortgage Broker Main Office Application for answers to "Frequently Asked Questions.")

8(a) Have you ever been subject to any adverse judgment for conversion, embezzlement, misappropriation of funds, fraud, misfeasance or malfeasance, or breach of fiduciary duty? Yes  No

8(b) Have you ever been directly or indirectly connected with any organization which has been subject to any adverse judgment for conversion, embezzlement, misappropriation of funds, fraud, misfeasance or malfeasance, or breach of fiduciary duty? Yes  No

If you answered yes to either question 8(a) or 8(b), furnish details. Include dates, nature of offense(s), court, and disposition:

9(a) Have you ever filed for bankruptcy, been insolvent, or filed for protection from creditors? Yes  No

9(b) Have you ever been directly or indirectly connected with any organization which has ever filed for bankruptcy, been insolvent, or filed for protection from its creditors? Yes  No

If you answered yes to either question 9(a) or 9(b), please furnish details, including dates, nature of offense(s), court, disposition, and include a copy of the disposition or discharge from the court:



## ATTESTATION

Under penalties of perjury, I, the undersigned, do hereby acknowledge and attest that this MORTGAGE BROKER SCHEDULE A and all attachments have been prepared by me and that these documents constitute a complete, truthful, and correct statement of all information requested by the Ohio Division of Financial Institutions. I understand that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of any license/registration application pending with the Ohio Division of Financial institutions or revocation of any license/registration granted by the Division of Financial Institutions, and could result in other legal action initiated against me, including but not limited to criminal prosecution.

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Signature

---

Date

---

Printed Name

**WARNING: It is a crime to knowingly provide a false statement to a government official or public agency.  
Revised Code 2921.13.**

*"An Equal Opportunity Employer and Service Provider"*

# MORTGAGE BROKER SCHEDULE A

## ADDENDUM

### Residential History

Please be sure to include both the month and year - "From Mo/Yr To Mo/Yr"

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ATTACH ADDITIONAL SHEETS, IF NECESSARY

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Revised Code 2921.13.**

# MORTGAGE BROKER SCHEDULE A

## ADDENDUM

### Employment History

Please be sure to include both the month and year - "From Mo/Yr To Mo/Yr"

From \_\_\_\_ To \_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_ To \_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_ To \_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_ To \_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_ To \_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_ To \_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_ To \_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_ To \_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

ATTACH ADDITIONAL SHEETS, IF NECESSARY

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# OPERATIONS MANAGER PROFILE

Ohio Mortgage Broker Act (Ohio Revised Code 1322.01(H), 1322.03(A)(4) and 1322.051)

*Print or Type in Blue or Black Ink*

Mortgage Broker Name: \_\_\_\_\_

Mortgage Broker Certificate of Registration #: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Mortgage Broker Address: \_\_\_\_\_

## OPERATIONS MANAGER:

Prefix (Mr./Mrs./Ms.)      First      Middle      Last      Suffix (Jr./Sr.)

Operations Manager's Loan Officer License Number \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

**The undersigned hereby swears or affirms that this profile and any attachments have been prepared or carefully reviewed by me and that these constitute a complete, truthful, and correct statement of all information requested herein. I realize that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of this application or revocation of any license granted hereunder, and is subject to criminal prosecution.**

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REQUIRED WORK EXPERIENCE VERIFICATION:

- **Attach a resume, which demonstrates the Operations Manager's thirty-six months lending and mortgage experience**
- **Submit IRS W-2 forms or certified payroll records to verify experience listed on the resume.**

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### *For DFI Office Use Only*

License Issue Date: \_\_\_\_\_ Eligibility Expiration Date (Date licensed issued + 91 days) \_\_\_\_\_

Exam Date: \_\_\_\_\_ Exam Score: \_\_\_\_\_ Pass/Fail: \_\_\_\_\_

File Identification: \_\_\_\_\_

# Ohio Mortgage Broker Act Applicants

## Background Check/Fingerprints Explanation and Instructions

Revised Code 121.08(K), 1322.03 and 1322.031

Background checks must be completed for registration or licensure under the Ohio Mortgage Broker Act (OMBA). Applicants must include a **NATIONAL BACKGROUND CHECK** and a **STATE CHECK** from **EACH** state in which they resided or worked **during the past 5 years**. Background check results must be sent directly to the Division of Financial Institutions (DFI) from the background check provider or government agency conducting the check. DFI will not accept criminal background checks submitted directly by the applicants. Criminal background checks, including national FBI checks and state checks, are required for the following individuals:

- **Corporation**, each senior officer, and anyone who owns 5% or more of the business
- **Partnership**, every partner and each senior officer
- **L.L.C.**, each member and each senior officer
- **Sole Proprietor**, the owner
- **Operations Manager**, anyone seeking to serve as the operations manager of the company
- **Loan Officers**, anyone seeking a loan officer license

DFI has entered agreements with independent providers for the electronic fingerprinting and scanning system known as “WebCheck” and “National WebCheck.” Each provider has a system that scans applicants’ fingerprints and electronically transmits the prints to the Ohio Bureau of Criminal Identification & Investigation (BCII) for review. The results of the records review are communicated to DFI by the provider or by BCII directly. The provider that takes fingerprints charges a processing fee for its service. Please note that the providers’ fees are not part of the DFI application/investigation fees.

You may view a current list of providers with which DFI has entered agreements by going to DFI’s web site located at <http://www.com.state.oh.us/dfi/MortgageBrokerLoanOfficerforms.aspx>. Please note that some providers may be able to accommodate your national FBI check, as well as your BCII check.

**ALL Applicants – NATIONAL FBI CHECK:** For the national background check, applicants have two options:

View the list at <http://www.com.state.oh.us/dfi/MortgageBrokerLoanOfficerforms.aspx> for providers that offer “National WebCheck” for electronic fingerprinting. This is the fastest method to obtain results. Request an FBI fingerprint card from DFI. Take the card to your local law enforcement agency to be printed. Mail the card along with a **money order or certified check for \$24 payable to “Treasurer, State of Ohio”** to:

### Ohio Bureau of Criminal Identification and Investigation

Post Office Box 365

London, Ohio 43140

Cash, personal, third party or starter checks will not be accepted. There is a minimum 45 day turnaround for this option.

### **Ohio Applicants – BCII REPORT**

You must obtain a background check from BCII in addition to a national FBI background check. View the list at <http://www.com.state.oh.us/dfi/MortgageBrokerLoanOfficerforms.aspx> for providers. **Remember, if you have lived or worked outside Ohio during the past 5 years, you will also need to obtain a state criminal history report from the law enforcement department in each state in which you have resided or worked.**

### **Out-of-State Applicants – STATE CRIMINAL HISTORY REPORTS**

If your workplace or your place of residence has been located outside Ohio anytime during the last five years, you must furnish a state criminal history report from the law enforcement department **in each state in which you have resided or worked**, as well as a national background check. The state records check must be verified on the law enforcement department’s stationery or computer printout. The reporting agency must send the report directly to DFI.



## Ohio Department of Commerce Division of Financial Institutions

### CRIMINAL HISTORY STATEMENT

You may submit this Criminal History Statement instead of having a new criminal background check conducted **ONLY** if applicable criminal background reports have been submitted to the Division of Financial Institutions (Division) within the six months immediately preceding the submission of the application to which this Criminal History Statement is attached.

I, \_\_\_\_\_ (printed name), hereby acknowledge and attest that I (circle one) have / have not been arrested for, charged with, plead guilty to, or convicted of, any violation of any federal, state or local law within the last eight months.

I further acknowledge and attest that, within the last six months, applicable criminal background reports have been submitted to the Division in connection with all applicable checked boxes below my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- Check-Cashing/Check Cash Acts Application
- Credit Service Organization Act Application
- Loan Officer License Application
- Mortgage Broker Act Application
- Mortgage Loan Act Application
- Operations Manager Approval
- Pawnbroker Act Application
- Precious Metals Act Application
- Premium Finance Act Application
- Small Loan Act Application

**If you HAVE been arrested for, charged with, plead guilty to, or convicted of, any crime within the last eight months, provide a detailed explanation of the facts and circumstances surrounding the arrest, charge(s), plea or conviction, and attach hereto. The detailed explanation should include:**

- The name of the law enforcement agency making the arrest or asserting charges against you, or the court in which charges have been filed;
- The type of crime with which you have been charged and applicable statutory citations;
- The degree of the offense;
- The outcome or status of the arrest, charge(s), plea or conviction;
- A certified copy of the court journal entry that evidences the status of your case.

## Company Information

In our continuing effort to better serve the industries we regulate, we are requesting your assistance by providing the following information for our database file.

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
Doing Business As (DBA)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
( )

\_\_\_\_\_  
Telephone No. Fax No.

\_\_\_\_\_  
Mailing Address, if different from above

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Federal Tax I.D. Number

\_\_\_\_\_  
Company Website

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Is website interactive? Yes  No

\_\_\_\_\_  
Is the Website transactional? Yes  No

### Company Contacts

\_\_\_\_\_  
Mailing Address, if different from above

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
( )

\_\_\_\_\_  
**Complaint Contact** Phone Number E-mail

\_\_\_\_\_  
Mailing Address, if different from above

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
( )

\_\_\_\_\_  
**Statutory Agent** Phone Number E-mail

\_\_\_\_\_  
Mailing Address, if different from above

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
( )

\_\_\_\_\_  
**Compliance Contact** Phone Number E-mail

\_\_\_\_\_  
Mailing Address, if different from above

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
( )

\_\_\_\_\_  
**Renewal Contact** Phone Number E-mail

\_\_\_\_\_  
Mailing Address, if different from above

\_\_\_\_\_  
City State Zip