**Section I – Institution State Specific Supervisory Background**

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| 1. **State Specific Loan Volume Information** *(Please use MCR Data Analytics)*
 |
| Year: | **Prior Year** | **Current Year** |
| Origination Loan Volume: | $\_\_\_\_\_\_\_ #\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ #\_\_\_\_\_\_\_\_ |
| Current Servicing Volume | $\_\_\_\_\_\_\_\_\_\_\_\_ #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **(B) State Specific Examination and Complaint Information** |
| Date of last state examination:  |
| 1. Summarize the state and federal compliance issues/findings from the last examination.
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| 1. Did examination result in enforcement action? Yes No

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| 1. If yes, please summarize.
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|  |
| 1. What is the number of complaints filed against the licensee in the last two years? Please include an explanation below if a pattern has been identified related to business practices identified within the complaints or if any complaints have resulted in enforcement.
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| 1. Do you require any additional state specific questions to be included in the initial MMC information question or examination questionnaire? Yes No

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| 1. If yes, please list within this box or attach with the response.
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**Section II – Examiner Profile**

**(If multiple examiners from your state are participating on this exam please copy this blank table and paste the appropriate number of tables below)**

|  |  |
| --- | --- |
| State/Agency Name |  |
| Examiner Name |  |
| Examiner Phone Number |  |
| Examiner Email Address |  |
| Examiner Mailing Address |  |
| Examiner Experience (i.e. years) |  |
| Supervisor’s Name |  |
| Supervisor’s Phone Number |  |
| Supervisor’s Email Address |  |
| Has the examiner completed in-person trainings from any of the following (check all that apply): |  AARMR NACCA CSBS CFPB Other |
| Does the examiner hold any special certifications? |  Yes No |
|  If YES, please list applicable certifications. |  |
| Has the examiner participated in a prior examination of this company? |  Yes No |
|  If YES, was this examination.  |  On-site Off-site |
| Does the examiner have experience with prior MMC examinations? |  Yes No |
|  If YES, please list which MMC examinations the examiner participated in. |  |
| How does the examiner plan on participating?  |  Onsite Offsite  |
|  In the first column please select the appropriate box indicating which sub-committee assignments the examiner has experience completing from prior examinations.In the second column please select the appropriate box indicating which sub-committee assignments the examiner has a preference towards. *(Selecting the box does not guarantee an assignment to the examiner.)* |
| Exp. Pref. **General**[ ]  [ ]  Board and Management Oversight Compliance Program[ ]  [ ]  Policies and procedures[ ]  [ ]  Training[ ]  [ ]  Monitoring and/or audit[ ]  [ ]  Consumer complaint response[ ]  [ ]  Service Provider Oversight[ ]  [ ]  IT/Data Security[ ]  [ ]  BSA/AML  **Financial Condition**[ ]  [ ]  Liquidity[ ]  [ ]  Capital[ ]  [ ]  Earnings[ ]  [ ]  Asset Quality[ ]  [ ]  Sensitivity to Market Risk **Origination**[ ]  [ ]  Company business model[ ]  [ ]  Advertising and marketing[ ]  [ ]  MLOs[ ]  [ ]  Loan disclosures and terms[ ]  [ ]  Appraisals[ ]  [ ]  Underwriting **Servicing**[ ]  [ ]  Servicing and Loan Ownership Transfers[ ]  [ ]  Payment Processing, and Account Maintenance, and Optional ProductsExp. Pref.[ ]  [ ]  Error Resolution, Consumer Inquiries and Complaints[ ]  [ ]  Maintenance of Escrow Accounts and Insurance Products[ ]  [ ]  Consumer Reporting[ ]  [ ]  Information Sharing and Privacy[ ]  [ ]  Collections and Accounts in Bankruptcy[ ]  [ ]  Loss Mitigation, Early Intervention, and Continuity of Contact[ ]  [ ]  Foreclosures |
| Additional Comments:  |