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

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

|  |
| --- |
| **(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. |
|  |
| 1. Did examination result in enforcement action? Yes No |
| 1. If yes, please summarize. |
|  |
| 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. |
|  |
| 1. Do you require any additional state specific questions to be included in the initial MMC information question or examination questionnaire? Yes No |
| 1. If yes, please list within this box or attach with the response. |

**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 Products  Exp. 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: | |