

Certification of Requisite Filing under the Debt Adjustment Act

Name of Company: _____

Contact person: _____

Street Address: _____

Mailing address, if different: _____

Phone number: _____

Fax number: _____

Email address: _____

I certify that I have attached the following documents and that they are in compliance with *O.C.G.A. Section 18-5-1 et seq.*:

- Annual audit report for the period* _____:
 - Prepared by third-party certified public accountant
 - Issued on _____ [date]

- Proof of insurance coverage showing that policy:*
 - Covers employee dishonesty
 - Covers depositor's forgery
 - Covers computer fraud
 - Limits are not less than the greater of over \$100,000 or 10% of monthly average of aggregate deposit of all debtors for immediately preceding 6 months
 - Was issued by a company rated at least "A-" or its equivalent by a nationally-recognized rating organization
 - Provides or 30-day advance written termination notice to the Georgia Department of Law, Consumer Protection Division

Signature

Sworn to and subscribed before me, this

_____ day of _____, 20_____.

NOTARY PUBLIC