

**STATE OF TENNESSEE**  
**Department of Financial Institutions**  
**Compliance Division**  
**414 Union Street, Suite 1000**  
**Nashville, Tennessee 37219**  
**615/741-3186**

**APPLICATION FOR RENEWAL OF TITLE PLEDGE LENDER LICENSE**

**DEADLINE October 3, 2011**

Application is hereby made to renew the license(s) granted pursuant to chapter 440, Public Acts of 2005, to transact business as a Title Pledge Lender.

1. In the space below, please list the person that is responsible for matters relating to this renewal application. Please provide the mailing address and telephone number(s) of the home office:

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Name and Title

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Company

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Street

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City

State

Zip Code

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Telephone Number

**E-mail Address**

Fax Number

**THIS RENEWAL APPLICATION MUST BE ACCOMPANIED BY  
A RENEWAL FEE OF \$700 FOR EACH LICENSED LOCATION.**

**MAKE THE CHECK PAYABLE TO:**

**TENNESSEE DEPARTMENT OF FINANCIAL INSTITUTIONS**

Please answer all questions on this page. If necessary, provide details on a separate sheet of paper. The licensee must also file the annual report with this application by **October 3, 2011**.

2. Provide a current list including the name, social security number, residence and business address, residence and business phone numbers and title of each owner, partner, L.L.C. member, director, corporate officer, five percent (5%) or more shareholder of the licensee. **(Please Attach)**
3. Has the licensee's business structure or ownership changed during the past year?  
Yes  No  If Yes, detail the changes on a separate sheet of paper.
4. Has the licensee filed for bankruptcy or reorganization within the last year?  
Yes  No  If Yes, detail the changes on a separate sheet of paper.
5. Has the licensee or any partner, LLC member, director, corporate officer, five percent (5%) or more shareholder been associated with a business whose authority to transact business was denied, revoked or suspended by a state or federal regulatory or law enforcement entity during the past year?  
Yes  No  If Yes, detail the changes on a separate sheet of paper.
6. Has the licensee ever been subject to any federal or state administrative investigation or order, or is any federal or state administrative investigation or order pending?  
Yes  No  If Yes, detail the changes on a separate sheet of paper.
7. Has the licensee, or any partner, L.L.C. member, director, corporate officer, five percent (5%) or more shareholders been indicted or convicted of a felony in Tennessee or elsewhere?  
Yes  No  If Yes, detail the changes on a separate sheet of paper.
8. Is the licensee currently licensed and/or operating as a title pledge services business in another state?  
Yes  No  If Yes, detail the changes on a separate sheet of paper.
9. Does the licensee have any contingent liabilities as endorser, guarantor or otherwise?  
Yes  No  If Yes, please provide details on a separate sheet of paper.  
Include all pending litigation and note any potential settlement amounts that could significantly affect the licensee's financial position.
10. By providing your email address, the Department can send you information quicker and more efficiently.  
**E-Mail Address** \_\_\_\_\_
11. If applicable, **attach** evidence that your entity is active with the Tennessee Secretary of State.
12. **SURETY BOND OR LETTER OF CREDIT.** Provide a one (1) year surety bond or irrevocable letter of credit for terms of not less than three (3) years in the amount of \$25,000 for each location not to exceed \$200,000 pursuant to TCA § 45-15-106(d)(3).

**AFFIDAVIT**

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

I, \_\_\_\_\_, the undersigned being the \_\_\_\_\_  
of the \_\_\_\_\_, licensee swear (or affirm), that to the best of my  
information, knowledge and belief the statements contained in this report, including the accompanying  
schedules and statements (if any) are true and correct, and, that the same is a true, correct and complete  
statement in accordance with the laws of the State of Tennessee.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires

**NOTARY SEAL**