



Certification of Requisite Filing under the Debt Adjustment Act

Office of the Attorney General, Consumer Protection Division, 2 M.L. King Jr., Dr. SE, Suite 356, Atlanta, GA 30334

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 Unit

Signature

Sworn to and subscribed before me, this

_____ day of _____, 20_____.

NOTARY PUBLIC