Employer Affidavit

I _____ in my official capacity as _____ of
(Authorized company representative) *(Official Position held)*

_____ affirm that ALL individuals
(Name of Mortgage Company and NMLS Unique ID)

presently working for the mortgage company as well as all future individuals who engage in residential mortgage lending activity for the company as mortgage loan originators, as those terms are defined in LSA-R.S. 6:1083, are presently and or will be compensated ONLY as W-2 employees and such individuals are, pursuant to LSA-R.S. 6:1088(J), covered under the company's surety bond naming the Louisiana Office of Financial Institutions as obligee OR pursuant to LSA-R.S. 6:1088(I) are covered by a deposit account that states "for the benefit of the Louisiana Office of Financial Institutions" and such account is held on deposit in a federally insured financial institution located in Louisiana.

Surety Bond Number _____

Bond Expiration date ____/____/_____

Name of Insurance Company _____

If covered by a deposit account, _____
Name of the depository institution and account number.

Failure to fully and properly comply with the provisions of this affidavit may subject the company to enforcement action by the Commissioner, including but not limited to, the assessment of civil money penalties pursuant to the Louisiana SAFE Residential Mortgage Lending Act, R.S. 6:1081 et seq., and especially R.S. 6:1092 thereof.

Signed on the _____ day of _____ , 20___

_____
(Signature and Title)