

FIRST STAR BANK, S.S.B.
WAREHOUSE PURCHASE/RESELL APPLICATION

1. MORTGAGE COMPANY

Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Fax Contact Person: _____
Number of Branch Offices: _____
Location of Branch Offices: _____
States Licensed to Do Business In: _____
President: _____
Phone: _____
Fax: _____
Email: _____

2. TYPE OF BUSINESS

Corporation: _____ State: _____
Partnership: _____ Date Founded: _____
Sole Partnership: _____ Parent Co Name: _____
Please provide copy of Articles of Incorporation, Corporate Resolution and By-Laws.

3. TAX IDENTIFICATION #: _____

4. OFFICERS OF COMPANY AND ORGANIZATIONAL CHART

Name/Title: _____
Name/Title: _____
Name/Title: _____

(Please fill out the enclosed personal background information sheet and release form on each individual listed)

5. PRINCIPAL OWNERS OF THE COMPANY

Name/Title/% Ownership: _____
Name/Title/% Ownership: _____
Name/Title/% Ownership: _____

(Please provide a current resume on each person listed and Personal Background Information and Release Form on each person listed.)

6. COMPANY APPROVALS

<u>AGENCY</u>	I.D. NUMBER	DATE APPROVED
FHA	_____	_____
DIRECTOR ENDORSEMENT	_____	_____
VA	_____	_____
VA AUTOMATIC	_____	_____
FNMA	_____	_____
FHLMC	_____	_____
MERS	_____	_____

(Please attach a copy of each of the approvals.)

7. Has your company ever been suspended from selling loans to any investor?

YES: _____ NO: _____

If yes, give details: _____

8. Are there any unsatisfied judgments or contingent liabilities against owners or company?

YES: _____ NO: _____

If yes, give details: _____

9. Has your company or any individual of your company ever been suspended by any agency listed in #6 above? YES: _____ NO: _____

If yes, give details: _____

10. Do any owners or company have any direct or indirect interest and/or ownership in any title company, Escrow Company, closing office, QC process or other related activities associated with the closing of loans?

YES: _____ NO: _____

If yes, give details: _____

11. INVESTOR REFERENCES:

Please provide information below on the investors that you have sold loans to in the last 6 months.

A) Name: _____
Address: _____
Phone Number: _____ Contact Person: _____
E-mail: _____

B) Name: _____
Address: _____
Phone Number: _____ Contact Person: _____
E-mail: _____

C) Name: _____
Address: _____
Phone Number: _____ Contact Person: _____
E-mail: _____

(If approved by additional investors, please enclose a separate sheet with this application containing the above information on each investor)

12. CONTACT INFORMATION:

Position	Name	Telephone	Email Address
Primary Contact	_____	_____	_____
Secondary Marketing	_____	_____	_____
Operations Manager	_____	_____	_____
Funding Manager	_____	_____	_____
Underwriting	_____	_____	_____
Finance/Accounting	_____	_____	_____
Servicing	_____	_____	_____
Shipping	_____	_____	_____

13. EXISTING WAREHOUSE LENDERS:

Lender: _____
Contact Person: _____
E-mail Address: _____
Telephone/Fax: _____
Relationship Beginning Date: _____
Size of Line: _____
Current Outstanding: _____
Active: Yes _____ No _____

14. PREVIOUS WAREHOUSE LENDERS:

Lender: _____
Contact Person: _____
E-mail Address: _____
Telephone/Fax: _____
Relationship Beginning Date: _____
Size of Line: _____
Current Outstanding: _____
Active: Yes _____ No _____

15. Are there any other Warehouse Line Applications pending?

If yes, give details: YES: _____ NO: _____

16. BUSINESS FINANCIAL: minimal net worth \$100,000.00

- (a) Please attach to this application, a copy of your last two audited financial statements, as well as a copy of the most recent unaudited financial statement.
- (b) Tax returns – last 2 years
- (c) Cash flow and loan volume projections – next 12 months

**17. FIDELITY BOND AND ERRORS AND OMISSIONS INSURANCE COVERAGE:
Minimal bond requirements of an aggregate \$300,000 with First Star Bank, S.S.B. as
loss payee in the event of a loss involving the bank's interest and rights to file a claim.**

	<u>NAME OF INS. CO.</u>	<u>EXP. DATE</u>	<u>AMT. OF COV.</u>
FIDELITY BOND:	_____	_____	_____
E & O INS.:	_____	_____	_____

(Please attach a copy of each policy.)

18. HISTORICAL VOLUMES:

Please provide the following information for closed loans during the last 12 months:

<u>TYPE</u>	<u>NUMBER OF LOANS</u>	<u>AMOUNT</u>
FHA	_____	_____
VA	_____	_____
CONV	_____	_____
TOTAL	_____	_____

19. RETAIL/WHOLESALE LENDING:

Please provide a listing of the volumes of both wholesale and retail loans closed during the last 12 months.

<u>TYPE</u>	<u>NUMBER OF LOANS</u>	<u>AMOUNT</u>
RETAIL	_____	_____
WHOLESALE	_____	_____
TOTAL	_____	_____

20. QUALITY CONTROL REPORTS:

Please provide a copy of your internal quality control procedures and a copy of your last two quality control reports submitted to management.

21. Has your company or any officer representing your company been sued or is your company a party to any lawsuit against or involving the company that would have a material adverse effect on the company's operations or financial condition?

22. Furnish a copy of your default and claim rate as recorded in HUD's mortgage portfolio analysis system (MPAS) if your company is an approved direct endorsement lender.

23. RESUMES

Please provide a resume on each principal, all officers of the company as well as DE underwriters. Also provide a background information sheet and release form (attached) on each principal and officer.

24. APPLICATION FEE

Please enclose a \$ 1,000.00, non-refundable application fee along with this application made payable to the First Star Bank, S.S.B.

I affirm that all answers and information submitted in this application are true and correct. I hereby authorize First Star Bank, S.S.B., at its discretion, to verify and obtain information on company and principal(s) with any other sources including the Texas Department of Savings and Mortgage Lending, and I hereby waive any cause of action or claim I may have against such source with respect to any information they may provide

By: _____

Name and Title: _____

Date Signed: _____

When application is complete, please mail all information to:

**Norman E. Koch, President
First Star Bank, S.S.B.
109 S. Commerce St./P. O. Box 7
Bremond, Texas 76629
254-746-7031 Phone
nkoch@fsbbremond.com**

PERSONAL/CORPORATE BACKGROUND INFORMATION

MORTGAGE COMPANY NAME

OFFICER/PRINCIPAL'S FULL NAME

RESIDENCE ADDRESS

DATE OF BIRTH

PLACE OF BIRTH (CITY AND STATE)

SOCIAL SECURITY NUMBER

DRIVERS LICENSE NUMBER/STATE ISSUED

THE UNDERSIGNED REPRESENTS THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND HEREBY AUTHORIZES VERIFICATION OF SAID INFORMATION. MORTGAGE COMPANY HEREBY AUTHORIZES SOUTHERN BANCSHARES, INC. AND ITS' AFFILIATED BANKS OR BANK'S AGENT, TO OBTAIN A COPY OF MORTGAGE COMPANY OR PRINCIPAL'S CREDIT REPORT AND OBTAIN OTHER INFORMATION RELATED TO THE ABOVE MORTGAGE COMPANY AND ABOVE PRINCIPALS AS BANK DEEMS NECESSARY.

SIGNATURE

DATE

FP RESOURCES
RELEASE FORM

In connection with my application for warehouse purchase/resell application, I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further, I understand that you will be requesting information from various Federal, State, local and other agencies, which contain my past activities.

I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above-mentioned information.

I have the right to make a request of FP Resources/Financial Professionals, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

I further authorize ongoing procurement of the above-mentioned reports at any time during our relationship, if approved.

I hereby consent to your obtaining the information from FP Resources or any of their licensed agents. I understand to aid in the proper identification of my file or records, the following information, as well as other information is necessary.

Last Name _____ First _____ Middle _____

Street Address _____

City _____ State _____ ZIP _____ County _____

Social Security Number _____

Drivers License number _____ State _____

FOR IDENTIFICATION PURPOSES

Date of Birth _____ Race _____ Gender _____

Former Names _____

Professional License: State _____ Type _____ Number _____

City/State _____ Type of Degree _____

University/College _____ Campus _____

Signature _____ Date _____

PLEASE LIST FORMER ADDRESSES THAT YOU HAVE LIVED OR WORKED WITHIN THE PAST 5 YEARS ON A SEPARATE SHEET OF PAPER.