DOCUMENTS TO BE MADE AVAILABLE FOR THE EXAMINATION

Provide the following documents (**please number all documents to correspond to the item number. If an item is Not Applicable please note N/A)**:

Examiner's Reference

1. Corporate history of license holder (see attached) 3.1
2. Copy of any enforcement action issued by any local, state, or federal agency – including all related correspondence 3.1, 4.5
3. Press releases issued since last examination 3.2
4. List of all services offered 3.3
5. Copy of any Internal Revenue Service (IRS) Title 31 Compliance Examination or related correspondence since the last examination 3.4
6. Corporate organization chart – include all parent, subsidiary and affiliated businesses (see attached) 4.1
7. Inter-corporate cross guarantees of liabilities agreements 4.1, 9.3
8. List of current officers with date of appointment 4.2
9. List of current directors with date of election 4.2
10. Functional chain of command organization chart for personnel charged with overseeing licensed activities (names and titles) 4.4
11. List of shareholders and percent owned by each 4.3
12. Corporate minutes and committees' minutes since last examination 4.5
13. Operations resume (see attached) 5.1, 5.3
14. Outstanding Payment Liability (See attached) 8.2
15. Operations procedures manuals pertaining to licensed activities 5.2
16. Most recent detailed trial balance (showing chart of accounts) 7.4
17. List of all bank accounts, domestic and foreign, and identify all signers. List must include bank name, account number, city and state – include personal account statements if license holder is a sole proprietor 5.4
18. Most recent quarter end unconsolidated Balance Sheet and Income Statement and the previous four quarters end's financials. (applies to retail currency exchange activity) 5.5
19. Most recent external audit report 6.1, 6.2, 7.2, 7.4, 9.1,
20. Management letter from external auditor related to most recent audit 6.3
21. Internal audit report(s) and internal auditor memoranda 6.4
22. Contingency and Disaster Recovery Plan Questionnaire (see attached). Copy of Contingency and Disaster Recovery Plan and IT risk assessment and IT audit (include penetration testing). 6.5

23. Copy of surety bond, current invoice and proof of payment; or copies of current safekeeping receipt(s) for securities pledged as a deposit in lieu of bond; or copy of letter of credit 7.1
24. List of states in which license holder operates and the amount of bond held for each state, or deposit in lieu of bond (see attached) 7.1
25. Current securities offering and prospectus – include both private and public offerings 7.2
26. Reconciliation of net worth from the last audited financial statement to the most recent interim financial statement 7.3
27. Quarterly permissible investment reports prepared since last examination and all supporting documentation including the reported average outstanding U.S. money transmission obl amount 8.1, 8.2

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28. Sales volume for the period indicated on form (see attached) 8.1
29. Most recent aged listing of Agent receivables 8.2
30. List of pending litigation and any legal opinions on potential liability 9.2
31. Loan agreements with external lenders 9.3
32. Inter-corporate lending agreements 9.3
33. Copy of policies addressing agent loss prevention and on-going monitoring 10.1
34. Copy of policies addressing authorized delegate selection criteria 10.1, 10.2
35. Copies of all regulatory compliance materials given to authorized delegates/locations (AML, BSA, SAR, OFAC) and policies pertaining to regulatory agent compliance training and agent monitoring 10.1, 12.3
36. Structuring Reports (daily, weekly, monthly), Agent and Country risk assessments (if applicable).
37. Blank copy of agent contract and/or trust agreement 10.6
38. List of any agents that have experienced any theft or loss of payment instruments or stored value in excess of $10,000 within the last 12 months 10.4
39. Describe the means by which agents display notification to the public of their agent's with the license holder. 10.7
40. List of license holder-owned locations and/or agents operating within Mississippi (see attached) 7.2
41. Transaction database files: If transaction information is maintained in an electronic database, please provide a copy of the database files for transactions conducted during the period under review in a readily accessible and retrievable electronic format such as Excel (see attached) 11.1 thru 11.8
42. Copy of policy or procedures for cancellation/refund of transactions 11.9
43. Currency Transaction Reports (CTRs) and International Transportation of Currency or Monetary Instruments Reports (CMIRs) filed within the last 12 months relating to transactions conducted in Mississippi 11.13
44. Copy of written anti-money laundering program showing compliance with 31 C.F.R 103.125, and copy of most recent independent review of the anti-money laundering program 12.3, 12.6
45. Summary of OFAC compliance procedures for blocking property and prohibiting transactions with persons who commit, threaten to commit, or support terrorism. 11.14
46. Copy of written response to last examination report 12.1
47. Summary of procedures for identifying and reporting suspicious activity. 12.3
48. Suspicious Activity Reports filed within the last 12 months relating to transactions conducted in Mississippi 12.4
49. Copy of most recent Registration of Money Services Business (FinCEN Form 107), and copy of confirmation letter from the Detroit Computing Center 12.5

50. Copy of most recent unclaimed and abandoned property report filed with the state. 12.7
51. Copy of privacy policy and customer notification required by the Gramm-Leach-Bliley Act 12.9
52. General information sheet (see attached) 13
53. Selected financial information (see attached) 13
54. List of terminated or closed authorized agents since the last examination 13
55. List of domestic and foreign paying agents 13
56. Copy of fee schedule for all licensed activities 13
57. Agents files, including on-site/off-site reviews, should be made available during the examination 10.2
58. The agent listing required by 31 CFR 103.41(d). 10.8
59. Copy of the most recent strategic plan
60. Copy of the most recent budget matching financial statements provided for review (if financials are consolidated provide consolidated budget).

(1) CORPORATE HISTORY

Please write or attach a brief history of the licensee. Describe the origin of the company, changes in the corporate structure and/or ownership, and the present scope of operation.

(6) PLEASE PROVIDE AN ORGANIZATIONAL CHART OF PARENTS, SUBSIDIARIES, AND AFFFLIATES. THE CHART SHOULD INDICATE THE FOLLOWING IF APPLICABLE:

1. All entities borrowing or using funds or other corporate assets of the license holder shall be noted with an asterisk (*).
2. All entities lending funds to the license holder shall be noted with a double asterisk (**).
3. List all current balances owed by borrower entity to the license holder.
4. Underline any late or default amounts and list full details, including contractual agreement conditions.

(13) OPERATIONS RESUMÉ

Describe in detail the flow of operations from receipt of customer funds, printing of payment instruments if applicable, delivery of beneficiary funds, and final collections.

(14) OUTSTANDING PAYMENT LIABILITY

Describe in detail how the daily outstanding payment instrument liability is determined.

Additionally, provide supporting documentation for “total outstanding payment instruments” as reported on the interim financial statement.

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(22) BUSINESS CONTINUITY AND CONTINGENCY PLAN

OVERVIEW

Disaster Recovery and Business Continuity Plans help prepare a license holder for disaster before one occurs. The primary goals of these plans are to protect personnel and customers, minimize damage to resources, and to resume operations as quickly as possible in an orderly, preplanned manner.

INSTRUCTIONS

Please answer the following information security program questions as of the date of exam noted above. The majority of the questions require only a "Yes" or "No" response; however, you are encouraged to expand or clarify any response as needed directly below each question, or at the end of each section under the heading "Clarifying or Additional Comments." For any question deemed non-applicable to your company or if the answer is "None," please respond accordingly ("NA" or "None"). **Please do not leave responses blank**. At the bottom of this document is a signature block, which must be signed by a member of management attesting to the accuracy and completeness of all provided information.

YES	NO	
		a. Do you have an organization-wide disaster recovery and business continuity program?
		If yes, please provide the name of your coordinator:
		b. Are disaster recovery and business continuity plans based upon a business impact analyses?
		If yes, do the plans identify recovery and processing priorities?
		c. Is disaster recovery and business continuity included in your IT risk assessment?
		d. Do you have formal agreements for an alternate processing site and equipment should the need arise to relocate operations?
		e. Estimate the distance from your main office/processing site to the alternate processing site (backup site).
		f. Do business continuity plans address procedures and priorities for returning to permanent and normal operations?
		g. Do you maintain offsite backups of critical information?
		If "Yes," is the process formally documented and audited?
		h. Estimate the distance from the processing site to the offsite storage location.

YES	NO	
		i. On a separate attachment, please describe backup procedures. a. List systems and data that are backed up. b. Describe the rotation schedule and backup frequency for all systems and data. c. Who verifies critical information is actually recorded on the backup media and ensures the data is usable? d. How often is backup media verified? e. How often is the media audited and by whom? f. Does the audit include an inventory of media and does the audit test to ensure the data is usable? g. After daily processing is complete, how long is backup media kept at the processing site before it is taken offsite (or transmitted offsite)?
		j. Do you have procedures for testing backup media at an offsite location?
		k. Have disaster recovery/business continuity plans been tested?
		If "Yes", on a separate attachment, please list the system(s) tested, the corresponding test date, the date reported to the Board; and how often these tests are conducted.

I hereby certify that the following statements are true and correct to the best of my knowledge and belief.	
Name (Print)	**Title**
Signature	**Date Signed**

(24) STATES IN WHICH LICENSE HOLDER OPERATES

State	Bond and/or Securities Collateral as of: _____

(24) STATES IN WHICH LICENSE HOLDER OPERATES
(Continued)

State	Bond and/or Securities Collateral as of: _____

Total number of states in which Licensee operates = _____

Total bond (or securities coverage in lieu thereof) = $ _____

Total payment instruments outstanding as of: _____ = $ _____

Unsecured by bonds (or securities in lieu thereof)
as of: _____ = $ _____

(29) SALES VOLUME AND OUTSTANDING INSTRUMENTS AND TRANSMISSIONS
(Examiner: Indicate here 12 - month period dates or for 1st Exam, period should be from Inception date of license to most recent quarter end)

MONEY ORDERS

1. Total dollar sales of money orders in Mississippi $_____
   Total dollar sales of all money orders $_____
2. Total number of money orders sold in Mississippi _____
   Total number of all money orders sold _____
3. Outstanding dollar amount of money order liability:
   a. Mississippi $_____
   b. United States $_____

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(29) SALES VOLUME AND OUTSTANDING INSTRUMENTS AND TRANSMISSIONS (Continued)

DRAFTS/OTHER INSTRUMENTS (gift certificates; checks; stored value, etc.)

12.	Total dollar sales of drafts/other instruments in Mississippi	$_____
	Total dollar sales of all drafts/other instruments	$_____
13.	Total number of drafts/other instruments sold in Mississippi	_____
	Total number of all drafts/other instruments sold	_____
14.	Outstanding dollar amount of draft/other liability:	
	a. Mississippi	$_____
	b. United States	$_____
	c. Foreign (if applicable	$_____
	d. Total Outstanding	$_____

(40) BRANCHES, AND AGENT LOCATIONS

1. Number of agents and branch locations in Mississippi_____ as of _____
   Number of agents and branch locations in United States_____ as of _____
   Number of agents and branch locations worldwide_____ as of _____

2. Average daily money order clearance for payment $_____
   Average daily travelers check clearance for payment $_____
   Average daily draft/other instruments clearance for payment $_____
   Average outstanding time for money transmissions _____

3. Dollar amount of authorized delegate remittances delinquent 30 days or more $_____

4. Describe policies or practices that limit agent losses.

5. Provide a listing of all agents and branch locations in Mississippi which were active at any time during the examination period. Please include the following fields:

   a. Branch or Agent Number
   b. Name (Code) of Branch or Agent
   c. Branch or Agent Street Address
   d. Branch or Agent City
   e. Branch or Agent State
   f. Branch or Agent Zip Code
   g. Branch or Agent Telephone Number
   h. Type of MSB Service(s) Offered by the Branch or Agent (including currency exchange, if applicable)
   i. Date Branch or Agent was Activated
   j. Date Branch or Agent was Terminated

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(41) TRANSACTION DATABASE FILES FOR TRANSMISSION OF FUNDS TRANSACTIONS

For transaction data that is maintained in an electronic database, please provide a copy of all applicable information for Mississippi transactions conducted during the period **December 31, 2011 to December 31, 2012** in a readily accessible and retrievable electronic format, in the following order of preference:

1st. Microsoft Excel (.xl*) file
2nd. Microsoft Access (.mdb) file

1) Transaction Receipt Number
2) Transaction Date
3) Transaction Time
4) Transaction Amount in US dollars
5) Transaction Fee or Commission
6) Customer Name
7) Customer Address
8) Customer Telephone Number
9) Customer Social Security Number (if US citizen or permanent resident)
10) Passport Number or official ID Number (if alien and has no SSN)
11) Country or State of Issuance of Passport or official ID
12) Customer Date of Birth
13) Customer Photo ID Number
14) Customer Photo ID Type
15) Customer Photo ID State/Country of Issuance
16) Recipient (Beneficiary) Name
17) Sender Name (for incoming transmissions)
18) Name of Person on Whose Behalf transaction conducted (if applicable)
19) Address of Person on Whose Behalf transaction conducted (if applicable)
20) FEIN or SSN of Person on Whose Behalf transaction conducted (if applicable)
21) Location of the Office where transaction conducted
22) Method of Payment (cash, check, credit card)
23) Name of Recipient's Bank If Funds are to be Deposited in the Recipient's Bank Account
24) Recipient's Bank Account Number If Funds are to be Deposited in the Recipient's Bank Account
25) Comments (if any of above info is stored in comments field)

Please provide the data file(s) to us prior to the examination on Compact Disc (CD-R or CD-RW) as indicated in the attached examination notification letter.

(41) TRANSACTION DATABASE FILES FOR CURRENCY TRANSPORTATION TRANSACTIONS

For transaction data that is maintained in an electronic database, please provide a copy of all applicable information for Mississippi transactions conducted during the period **December 31, 2011 to December 31, 2012** in a readily accessible and retrievable electronic format, in the following order of preference:

1st Microsoft Excel (.xl*) file
2nd Microsoft Access (.mdb) file

1) Transaction Receipt Number
2) Transaction Date
3) Transaction Time
4) Location of the Office Where the Transaction is Conducted
5) Transaction Amount in US dollars
6) Type of Instrument
7) Transaction Fee or Commission
8) Customer Name
9) Customer Address
10) Customer Date of Birth
11) Customer Telephone Number
12) Customer Social Security Number (if US citizen or permanent resident)
13) Passport Number or official ID Number (if alien and has no SSN)
14) Country or State of Issuance of Passport or official ID
15) Customer Photo ID Number
16) Customer Photo ID Type
17) Customer Photo ID State/Country of Issuance
18) Recipient's Name (for outgoing transmissions)
19) Recipient's Address (for outgoing transmissions) (if available)
20) Recipient's Telephone Number (for outgoing transmissions) (if available)
21) Sender Name (for incoming transmissions)
22) Sender Address (for incoming transmissions) (if available)
23) Sender Telephone Number (for incoming transmissions) (if available)

Please provide the data file(s) to us prior to the examination on Compact Disc (CD-R or CD-RW) as indicated in the attached examination notification letter.

(41) TRANSACTION DATABASE FILES FOR CURRENCY EXCHANGE TRANSACTIONS

For transaction data that is maintained in an electronic database, please provide a copy of all applicable information for Mississippi transactions conducted during the period **December 31, 2011 to December 31, 2012** in a readily accessible and retrievable electronic format, in the following order of preference:

1st Microsoft Excel (.xl*) file
2nd Microsoft Access (.mdb) file

1) Transaction Receipt Number
2) Transaction Date
3) Amount & Type of Currency received and given
4) Rate of Exchange
5) Transaction Fee or Commission
6) Customer Name
7) Customer Address
8) Customer Social Security Number (if US citizen or permanent resident)
9) Passport Number or official ID Number (if alien and has no SSN)
10) Country of Issuance of Passport or official ID
11) Customer Date of Birth
12) Customer Photo ID Number
13) Customer Photo ID Type
14) Customer Photo ID State/Country of Issuance
15) Name of Person on Whose Behalf transaction conducted (if applicable)
16) Address of Person on Whose Behalf transaction conducted (if applicable)
17) FEIN or SSN of Person on Whose Behalf transaction conducted (if applicable)
18) Location of the Office Where the Transaction is Conducted
19) Initials/code/identifier of Employee Effecting Transaction
20) Comments (if any of above info is stored in comments field)

Please provide the data file(s) to us prior to the examination on Compact Disc (CD-R or CD-RW) as indicated in the attached examination notification letter.

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(56) GENERAL INFORMATION

DATE _____ LICENSE # _____

NAME _____

ADDRESS _____

_____

Person to contact for operational questions and comments: _____

Title _____ Phone # _____ Ext. # _____

Email address: _____ Mobile phone _____

1. Fiscal Year ends _____ Date of most recent audit: _____

   Name of Independent Auditing Firm _____

   Accountant in Charge _____ Phone # _____

2. IT/Control Center:

   Address _____

   Person to contact for IT questions and comments:

   _____ Phone # _____ Ext. # _____

   Title _____ Email address: _____

3. Law Firm representing license holder:

   Name _____

   Address _____

   Counsel's Name _____ Phone # _____ Ext. # _____

4. Bonding Company:

   Name _____

   Address _____

   Amount _____ Renewal Date _____ Policy # _____

   Person to contact for operational questions and comments:

   _____ Phone # _____ Ext. # _____

5. Principal Clearing Bank _____ Account # _____

   Address _____

   Person to contact for operational questions and comments:

   _____ Phone # _____ Ext. # _____

6. Compliance Officer if different from #1 above _____

   Phone # _____ Ext. # _____ Email address: _____

(57) SELECTED FINANCIAL INFORMATION

1. Securities-restricted or pledged: _____

2. List any assets and corresponding value restricted or pledged as collateral to secure licensee or affiliate obligations: _____

3. Due from agents as of: _____ $ _____

4. Instruments paid without advice as of: _____ $ _____

5. Date of most recent abandoned property report: _____

6. Float (average number of days outstanding for each type of payment instrument):
   Money Orders _____
   Travelers Checks _____
   Drafts _____
   Transmission of funds (including third party bill paying) _____
   Other Instruments (please define) _____