

STATE CORPORATION COMMISSION
BUREAU OF FINANCIAL INSTITUTIONS
1300 EAST MAIN STREET, SUITE 800
POST OFFICE, BOX 640
RICHMOND, VIRGINIA 23218-0640

**SURETY BOND
PURSUANT TO SECTION 6.1-413 OF THE VIRGINIA CODE**

Bond No. _____ Amount \$ _____

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, _____, as principal,
and _____, as surety,
are bound unto the Commonwealth of Virginia in the penal sum of
_____ (\$ _____),
payable to the State Corporation Commission, for the payment of which we bind
ourselves, our heirs, executors, administrators, successors and assigns, jointly and
severally, by these presents.

WHEREAS, the above named principal has applied to the State Corporation
Commission for a license to engage in business under the Mortgage Lender and Broker
Act, Virginia Code, Title 6.1, Chapter 16;

NOW THEREFORE, the conditions of this obligation are such that if the above
named principal shall strictly comply with the provisions of said Mortgage Lender and
Broker Act, all regulations duly promulgated thereunder, and all other laws applicable to
the conduct of its business, and shall pay and satisfy all loss, damage and liability suffered
by or owing to the State Corporation Commission or any person dealing with the principal
on account of its violation of any such laws and regulations, then this obligation to be
void, otherwise to remain in full force and effect.

In no event shall the aggregate liability of the surety exceed the penal sum specified herein. The surety shall have the right to terminate its obligation under this bond by written notification to the principal and the Commissioner of Financial Institutions at least ninety (90) days prior to the effective date of such termination. Obligations of the surety arising prior to such effective date shall not be affected by such termination.

WITNESS the following signatures and seals this _____ day of _____, _____.

Principal-Print Name

By: _____ (Seal)
Signature

Persons executing for surety, other than corporate officers, must attach Power of Attorney authorizing them to execute bonds for surety.

Surety-Print Name

By: _____ (Seal)
Signature Attorney-In-Fact

Name, address, and telephone number of person with surety to be contacted in the event a claim must be filed:

Name: _____ Title: Claims Dept. _____

Address: _____

City: _____ State: _____

Zip: _____ Telephone Number: 800-645-2402 _____