

***** NOTICE *****

Dear Consumer Finance Company:

The Office of Financial and Insurance Services (OFIS), Consumer Services Division, wants to verify that we have the correct name, mailing address, telephone and fax numbers of the **individual** assigned to respond to consumer complaints referred from our office.

- If this notice is being sent to you along with a new complaint, the current contact person and address in our records is shown on the enclosed complaint notification correspondence. **If we have contacted the wrong consumer finance company** as the Respondent, please notify the Consumer Services Division Analyst assigned to handle the complaint immediately to correct me Respondent information.
- Our current records and information may be outdated. If the information on the attached sheet is not correct, please fully complete and return the form below.
- We do not have consumer complaint contact information on file for your company. Please fully complete and return the form below as soon as possible.

Thank you for your cooperation in this matter. If you have any questions, please contact Melanie Near, Consumer Services Division, toll-free at 1-877-999-6442.

*INSTRUCTIONS: Please provide us with all of the information requested below for the individual assigned to respond to consumer complaints referred from the OFIS, Consumer Services Division. We require the name of an individual rather than a department or section name. If the information applies to more than one company in your group, please copy this notice and send a separate form for each company. **Fax** to 517-241-3991 or **mail** to: Office of Financial and Insurance Services, Consumer Services Division, P.O. Box 30220, Lansing, MI 48909-7720.*

License # _____ (required) **Effective Date of Change:** _____

Consumer Finance Company: _____

Contact Person: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Direct Telephone Number: _____

Toll Free Number: _____

Fax Number: _____

Email Address: _____

Person Completing this form: _____ **Phone#** _____