

## Company Contact Employees

### Overview/Policy

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Individual(s) listed as the primary company contact employees must be authorized to receive ALL compliance and licensing information, communications, and mailings regarding the entity, officers, directors, and individuals. They must also be responsible for disseminating it within the applicant or licensee's organization. The Contact Employee is for regulator use. Applicants and licensees are required to submit a primary company contact as well as a primary consumer complaint contact. If allowed by a state, this can be the same person. Applicants and licensees also have the ability to submit additional, non-primary, contacts. For non-primary contacts, you must also list the applicable industry type(s), area(s) of responsibility, and state(s). The Contact Employee may or may not be the "Resident/Registered Agent" for service of process, as is required in certain states.

### Definitions and Charts

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Not Applicable

### How To

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#### *Add Contact Employees:*

1. From the *Contact Employees* screen, click **Add**.
2. Complete all **required fields** on the **top section only for primary contacts**.
3. Complete all required fields and **the bottom section for non-primary contacts**.
4. Click **Save**.

The Hills Mortgage Company (938341) MU1 filing created 9/20/2012 by IdonisP. Total Charges: \$0.00

Provide the information requested below for each contact employee and click **Save**. Click **Delete** to remove the contact employee. **If this individual is a Primary contact, do not identify Industry Type(s), Area(s) of Responsibility, or State(s).**

Primary Company  
 Primary Consumer Complaint (Regulator)

First Name: Patrick  
 Last Name: Idonis  
 Title: Manager  
 Email Address: Steven.King@fnra.org  
 Company Mailing Address

Mailing Address: 12 Prosperity Drive  
 City: Rockville  
 State: Maine  
 Country / Province: United States  
 Postal Code: 00000  
 Business Phone: 240-555-1212      999-999-9999  
 Fax Line:                                      999-999-9999

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**\*\*FOR NON-PRIMARY CONTACTS ONLY\*\***  
 Select at least one Industry Type, Area of Responsibility and State

Industry Type(s):  
 Consumer Complaint (Public)     Exam Delivery     Litigation  
 Consumer Complaint (Regulator)     Legal     Pre-Exam Contact

State(s):  
   

<input type="checkbox"/> Alabama	<input type="checkbox"/> Illinois	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Alaska	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nevada	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Arizona	<input type="checkbox"/> Iowa	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Kansas	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Mexico	<input type="checkbox"/> US Virgin Islands
<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Utah
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Maine	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Vermont
<input type="checkbox"/> Delaware	<input type="checkbox"/> Maryland	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Virginia
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Ohio	<input type="checkbox"/> Washington
<input type="checkbox"/> Florida	<input type="checkbox"/> Michigan	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Georgia	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Oregon	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Guam	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Idaho	<input type="checkbox"/> Montana	<input type="checkbox"/> Rhode Island	

Repeat steps to add an additional contact or click the Edit icon to edit or delete a contact employee.

## Helpful Hints

1. Clicking the Copy button will insert the company's mailing address as it is listed in the Identifying Information section.
2. The same person can be identified as the primary contact and primary consumer complaint contact if allowed by the regulator.
3. The primary contact represents the company at a corporate level therefore industry(s) and state(s) do not have to be indicated.

## Additional Resources:

- Find State-Specific requirements on the [NMLS Resource Center](#).
- Details regarding information available on NMLS Consumer Access can be found within [Information Viewable on NMLS Consumer Access](#).
- Quick Guides:
  - [Submitting Company Form \(MU1\)](#)

See Company and Branch Help [Table of Contents](#)