



Teri Forehand King
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July 31, 2012

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-1513
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

2012 AUG -7 PM 2:43

Re: Enova International, Inc. Nonqualified Savings Plan (the "Plan")

Dear Sir or Madam:

On behalf of the administrator of the above-named Plan, the undersigned submits this statement in compliance with ERISA Reg. §2520.104-23(b).

1. Name and address of the employer: Enova International, Inc.
200 West Jackson Boulevard
Suite 2400
Chicago, Illinois 60606
2. Employer identification number: 45-3190813
3. The employer maintains the Plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
4. The number of such plans maintained by the employer (including the Plan): 2
5. The number of employees in the Plan: 62

Please acknowledge receipt of this statement by stamping the enclosed copy of this statement and returning it to me in the enclosed envelope.

Very truly yours,

Teri King
Teri Forehand King

TFK:slk

cc: Mr. Ron Torrance
Don A. Mazursky, Esq.

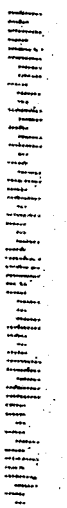
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Washington, D.C. 20210

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