



**Indiana Board for Depositories**  
1 N. Capitol Suite 900, Indianapolis, IN 46204-2043  
Office: 317-232-5257 – Email: [BFD@tos.in.gov](mailto:BFD@tos.in.gov)

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**Savings Institution:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Quarterly Report Due Date:** \_\_\_\_\_

**Public Funds on Deposit**

1. **Individual Accounts:** On the separate attached detail page, please provide the end of quarter actual balance and the average daily balance for each state and local public funds account held during the quarter. You may exclude funds Insured by the FDIC. You may exclude CDs purchased prior to Nov. 15, 2010, if and only if, you are required to provide 50% collateral.
2. **Grand Total:** Carry forward from the detail pages and provide a grand total of all public funds held during the quarter:

	<i>Quarter End Actual Balance</i>	<i>Quarter Average Daily Balance</i>
<b><i>Total Public Funds Held</i></b>		
<b><i>FDIC Insured</i></b>		
<b><i>CDs Exempt Amount</i></b>		
<b><i>Net Public Funds</i></b>		

**Capital Accounts- Saving Institutions**

<b><i>General Insurance Reserves</i></b>	
<b><i>Undivided Profits</i></b>	
<b><i>Market Value of Collateral Provided</i></b>	

**Certifications**

1. **Average Daily Balance:** In calculating the average daily balance I certify that I have used the (circle 1):
  - true average daily balance
  - average of the end of month actual balances for the 3 months of the quarter
  
2. **Capital Ratio:** Do you certify that
  - A) the capital ratios of this institution, as of (date) \_\_\_\_\_, are in excess of the minimums required by your governmental supervisory bodies, And
  - B) this institution NOT currently a party to a public enforcement order, directive or agreement (including a consent order, cease and desist order, written agreement or capital directive) that requires the institution to maintain one or more capital ratios at a level higher than that required to be considered adequately capitalized or requires the institution to develop a plan to maintain sufficient capital? \_\_\_\_\_
  
3. **Collateral:** Do you certify that your institution has maintained the collateral required? \_\_\_\_\_
  
4. **Indiana Investment:** Do you certify that, as of (date) \_\_\_\_\_, the total principal of the institution's outstanding loans to Indiana residents, when added to the total market value of the institution's investments in Indiana residents, as defined by law, (I.C. 5-13-8-7 (a.b)) at least equals the sum of the state and local public funds on deposit in the institution? \_\_\_\_\_
  
5. **Affiliates:** Please include a list of affiliate banks, thrifts or credit unions your parent company holds.

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Print:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Note: The signatory of this form must be an officer of the financial institution corporation (e.g. President, Chairman).
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