DATE OF ADMISSION (month, day, year)	(SEAL)	
NAME OF THE DIRECTOR	(JLAL)	

DO NOT WRITE ABOVE THIS LINE - FOR OFFICE USE ONLY

Please attach the following to this application:

- A copy of Articles of Incorporation or Association.
 A copy of the most recent quarterly Report of Condition and Income filed with the applicable Federal Regulatory Agency; and
 A check in the amount of one hundred twenty-five dollars (\$125.00), payable to the Secretary of State for their filing fee.

The undersigned makes application to the Indiana Department of Financial Institutions to obtain a certificate of admission to transact business as a Foreign Corporation in Indiana pursuant to I.C. 28-1-22-1 et seq.					
	APPLICANT INFORMAT	TION			
Name of corporation					
Post office address of the principal office of the corporation outside of the State of Indiana					
City	County	State		ZIP code	
State or county where the corporation is incorporated		Date the corporation was established (month, day, year)			
NATURE OF BUSINESS (Describe the nature of business that the foreign corporation intends to carry on in Indiana under its Articles of Incorporation or Association)					
REGISTERED AGENT AND OFFICE INFORMATION					
Name of the foreign corporation's registered agent and registered office for service of legal process					
Post office address of the foreign corporation's registered agent and registered office for service of legal process					
City	County	State		ZIP code	
AUTHORIZED SIGNATORY					
Signature of President or Vice President			Date signed (month, day, year)		
Signature of Secretary or Cashier			Date signed (month, day, year)		

STATE OF)	
COUNTY OF) SS:)	
On,	,	and
	personally appeared before	e me, a notary public, and after being
sworn, stated that they are the duly autho	orized officers of	
Corporation and swear that the attached	and foregoing statements are true and co	orrect and further acknowledge the
execution of the foregoing instrument.		
Witness my hand and Notarial Seal this _	day of	
Signature		
Name (please print legibly)		(SEAL)
Commission expiration date (month, day, year)	County	