

Quarterly Report Form

Office of the State Treasurer
S.D. Public Depository Liability Return

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State Treasury Use Only – Do not write or staple in this space

Call Date _____, 20 Submission Date _____, 20

L A B E L	Qualified Public Depository Name	CBI Number 460110
	Address Number and Street or PO Box	Phone
	City, Town or Post Office, State and ZIP Code	FAX

Reporting Frequency (See SDCL 4-6A and ARSD 6:02:02:01) Have you previously filed quarterly returns with the Public Deposit Protection Commission? **Yes** **No** Reports of public deposits and segregated collateral – false statements as perjury, see SDCL 4-6A-7

Filing Status
Check only one box in 1-5.

Enclose or attach a copy of the most recent report of condition filed with the Comptroller of the Currency, Federal Reserve Bank or FDIC listing total assets in South Dakota

NEW FORM

1 State Bank 1 National bank operating in South Dakota 2

3 Trust Company 3 State chartered or federal savings and loan association 4

5 Federally chartered credit union 5

Check if you have included a copy of your Report of Condition (Balance Sheet – RC) with this return

Exemption

Does your depository hold or receive public deposits and do you have collateral segregated to protect public deposits? **Yes** **No**

Note: If you check "No", skip to the Affidavit section on the reverse to complete and return this report.

Public Deposits
(All general, special and other funds held or administered by the state and any of its political subdivisions)

All deposits of state, county, municipality, township, school district, or any political subdivision thereof, or any tribal government, are public fund deposits. Deposits placed in banks by the agriculture and business development authority are not public deposits.

6a	Number of public demand accounts	6a	6b	Total amount of public demand accounts	6b	\$
7a	Number of public time and savings accounts	7a	7b	Total amount of public time and savings accounts	7b	\$
8	Add the amounts in lines 6b and 7b. This is your total amount of public deposits.				8	\$

Maximum Liability of Depository

9a	Number of public depositors with demand accounts aggregated above \$250,000	9a	9b	Total amount of these deposits	9b	\$
10	Multiply the amount in line 9a by \$250,000.				10	\$
11	Subtract the amount in line 10 from the amount in line 9b. This is the uninsured portion of public demand accounts.				11	\$
12a	Number of public depositors with savings and time accounts aggregated above \$250,000	12a	12b	Total amount of these deposits	12b	\$
13	Multiply the amount in line 12a by \$250,000.				13	\$
14	Subtract the amount in line 13 from the amount in line 12b. This is the uninsured portion of public savings and time accounts.				14	\$
15	Add the amount in line 11 and the amount in line 14. This is your maximum liability.				15	\$

Adequacy of Eligible Collateral Computation
Contact the State Treasury if you need assistance in determining your collateral status.

16a	Value of present collateral being used to secure uninsured public deposits. (All collateral must be valued at the lower of either market or face/par value.) Add 16a, b and c. This is the	\$	Securities			
16b		\$	Letters of Credit			
16c		\$	Surety Bonds			
TOTAL VALUE OF ALL PRESENT COLLATERAL				16	\$	
17	Subtract line 15 from line 16. This is your ADEQUACY OF COLLATERAL				17	\$

You are adequate if the amount on line 17 is positive. You have met the requirement and have sufficient collateral. If the amount on line 17 is negative (less than zero), you have excess requirement over collateral. You must SUFFICIENTLY PLEDGE, ISSUE OR GUARANTEE this amount immediately, so adequate collateral is segregated to protect public funds. Indicate new collateral on line 18.

Tel. 605-773-3378
ST: PD 06-98

Continued