

**MISSISSIPPI TREASURY DEPARTMENT
PUBLIC FUNDS GUARANTY POOL BOARD
P.O. BOX 138
JACKSON, MS 39205**

QUARTERLY DEPOSITORY REPORT

For the Quarter Ended _____, 20____

Due date: To be filed at the same time as the quarterly report of condition.

Please complete the following schedule of financial information as reported by your institution on the Quarterly Report of Condition (Call Report) as required by the Federal Deposit Insurance Act. The schedule should be completed and submitted to the Public Funds Guaranty Pool Board at the same time you file your Quarterly Report of Condition (Call Report).

Institution Name: _____

Please indicate the call report that your institution uses:

FDIC Number: _____

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Description	Amount (in thousands)	Location	Report #31	Report #41
1. Total Assets	1. \$ _____	Schedule Line # Page #	RC 12 RC-1	RC 12 RC-1
2. Allowance for Loan Losses	2. \$ _____	Schedule Line # Page #	RC 4c RC-1	RC 4c RC-1
3. Loans Past Due 90 Days	3. \$ _____	Schedule Line # Page #	RC-N 1 through 9, Column B RC-17	RC-N 1 through 9, Column B RC-16
4. Total Non-Accrual Loans	4. \$ _____	Schedule Line # Page #	RC-N 1 through 9, Column C RC-17	RC-N 1 through 9, Column C RC-16
5. Other Real Estate Owned	5. \$ _____	Schedule Line # Page #	RC 7 RC-1	RC 7 RC-1
6. Net Income	6. \$ _____	Schedule Line # Page #	RI 12 RI-2	RI 12 RI-2
7. Average Assets	7. \$ _____	Schedule Line # Page #	RC-K 9 RC-13	RC-K 9 RC-12
8. Total Loans	8. \$ _____	Schedule Line # Page #	RC 4d RC-1	RC 4d RC-1
9. Total Equity Capital	9. \$ _____	Schedule Line # Page #	RC 28 RC-2	RC 28 RC-2

CERTIFICATION

"I hereby certify that I have read the foregoing data and certify that it is true."

Authorized Official

Person Completing Report

Signature: _____

Signature: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Phone #: _____

Sworn to and subscribed before me:

My Commission Expires: _____

Notary Seal

Notary Public _____

Please refer to the instruction sheet prepared for this quarterly report form. Please submit this completed form to:

**State of Mississippi
Treasury Department
Public Funds Guaranty Pool Board
P.O. Box 138
Jackson, MS 39205**

**MISSISSIPPI TREASURY DEPARTMENT
PUBLIC FUNDS GUARANTY POOL**

**INSTRUCTIONS FOR COMPLETING
THE QUARTERLY DEPOSITORY REPORT**

Please use the following instructions when completing the Public Funds Guaranty Pool quarterly report form to insure that the correct information is being supplied. Direct questions concerning this form to the staff of the Public Funds Guaranty Pool at (601) 359-3600. Written inquiries may be faxed to (601) 359-2001 or sent by e-mail to ljackson@treasury.state.ms.us.

DUE DATE: SAME TIME AS YOUR QUARTERLY REPORT OF CONDITION

Please note that the quarterly report form **MUST** be completed correctly to be processed. Incomplete forms will not be processed until completed correctly. Thank you for your cooperation in reviewing your completed forms.

FINANCIAL INFORMATION SCHEDULE

Pursuant to Rule 1.06(1) of the Public Funds Guaranty Pool Rules, the Board has determined that certain financial information from the bank Report of Condition (call report) will be obtained on a quarterly basis to enable monitoring of the financial condition of the pool participant.

The report form lists the information needed. A schedule of the locations of the various financial items on the different types of call reports has been provided. It is **EXTREMELY IMPORTANT** that you determine what type of call report your institution uses and that you are using the right locations when supplying this information. Periodic audits of this information will be conducted to ensure that the correct information is being provided.

Please list the information requested in the spaces provided.

CERTIFICATION SECTION

The quarterly report form **MUST** be executed by the bank president (or fully authorized officer) and by the person preparing the report. The signature, a printed or typed name, official title, and the date executed should be completed as required. The executed document should then be notarized. A quarterly report form will not be considered complete until this section has been completed in its entirety.

Please submit the completed form to the following address:

**State of Mississippi
Treasury Department
Public Funds Guaranty Pool Board
P.O. Box 138
Jackson, MS 39205**