

**QUARTERLY REPORT OF MONTHLY ASSET MAINTENANCE**

Name of Agency:

Agency Number:

Quarter Ending:

*(Dollar Amounts in Thousands)*

(1) Months	(2) Eligible Assets (Minimum \$4,000,000)			(3) Liabilities Requiring Cover			(4) Asset Maintenance Ratio (2) / (3) Minimum 1.07	(5) Asset Maintenance Deficiency (If Any) \$
	Bil	Mil	Thous	Bil	Mil	Thous		
1.								
2.								
3.								

**CERTIFICATION:** *I hereby certify that this report is true and correct.*

**SIGNATURE:**

**TITLE:**

**INSTRUCTIONS**

1. Insert the reference months for the quarter in rows 1, 2, and 3
2. Insert Column (A) Averages from page 2, OFR-U-51.
3. Insert Column (B) Averages from page 2, OFR-U-51.
4. Insert Column (C) Averages from page 2, OFR-U-51.
5. Insert Column (E) Averages from page 2, OFR-U-51.

**Submit this report to:**

**Office of Financial Regulation**

**200 E. Gaines Street**

**Tallahassee, Florida 32399-0371**

Office of Financial Regulation  
Use Only

Verification of Calculation

( ) YES

( ) NO

Other Action:

Initials: