

QUARTERLY REPORT OF MONTHLY CAPITAL EQUIVALENCY

Name of Agency:

Agency Number:

Quarter Ending:

Depository Bank:

(Dollar Amounts in Thousands)

(1) Months	Averages for Month (From OFR-U-53)						(4) Capital Equivalency Ratio (2) / (3) Minimum 0.07	(5) Capital Equivalency Deficiency (If Any) \$
	(2) Balance of Deposits or Investment Securities with Depository Bank (Minimum \$4,000,000)			(3) Liabilities				
	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-53.
3. Insert Column (B) Averages from page 2, OFR-U-53.
4. Insert Column (C) Averages from page 2, OFR-U-53.
5. Insert Column (E) Averages from page 2, OFR-U-53.

Submit this report to:

Office of Financial Regulation

200 E. Gaines Street

Tallahassee, Florida 32399-0371

OFR Use Only

Verification of Calculation

() YES

() NO

Other Action:

Initials:

List capital equivalency dollar deposits and investment securities held at the close of the calendar quarter. The securities must be in accordance with investments permitted under Section 658.67, Florida Statutes.

1. Dollar Deposits \$ _____

2. Investment Securities:

Description	Market Value (A)	Book Value (B)
3. Total Investment Securities	\$ (A)	\$ (B)
4. Dollar Deposits and Book Value of Securities (Item 1 + Item 3)	\$ _____	