



APPLICATION FOR DESIGNATION OF STATE DEPOSITORY

FINANCIAL INSTITUTION INFORMATION			
Financial Institution Name			
Address:			
City	State	Zip	Incorporation Year
ASSETS			
Cash Due From Banks	\$		
Investment Securities	\$		
Loans	\$		
Less: Allowance for Loan Losses	\$		
Less: Unearned Income	\$		
Net Loans	\$		
Other Assets	\$		
TOTAL ASSETS	\$		
LIABILITIES AND SHAREHOLDERS' EQUITY			
Deposits (non-interest)	\$		
Deposits (interest)	\$		
Total Deposits	\$		
Borrowings	\$		
Other Liabilities	\$		
TOTAL LIABILITIES	\$		
Preferred Stock, par value	\$	\$ per share	
Authorized shares			Issued
Common Stock, par value	\$	\$ per share	
Authorized shares			Issued

Capital Surplus	\$
Retained Earnings	\$
Other	\$
TOTAL SHAREHOLDERS' EQUITY	\$
TOTAL LIABILITIES AND SHAREHOLDERS' EQUITY	\$

The undersigned President or Chief Executive Officer of the aforementioned financial institution certifies that this is a report of the true financial condition of said financial institution as of _____, 20_____, and that all conditions have been met for the financial institution to be designated as a State Depository pursuant to Title 41-14-1 thru Title 41-14-11 Code of Alabama, (1975). It is further understood that, before any voluntary surrender of designation as a State Depository, a 30 day written notice shall be given to the State Treasurer.

Signature of President or Chief Executive Officer

Date