

REPORT OF CONDITION FOR BANK BRANCHES

NAME OF INSTITUTION: _____

FOR THE PERIOD ENDING: _____

Report of Condition must be reported on a calendar year-to-date basis in thousands of dollars.

ASSETS		Dollar Amounts In Thousands	
1.	Cash and balances due from depository institutions:		
a.	Noninterest-bearing balances and currency and coin ¹		1.a
b.	Interest-bearing balances ²		1.b
2.	Securities:		
a.	Held-to-maturity securities ³		2.a
b.	Available-for-sale securities		2.b
c.	Equity securities with readily determinable fair values not held for trading ⁴		
3.	Federal funds sold and securities purchased under agreements to resell:		
a.	Federal funds sold in domestic offices		3.a
b.	Securities purchased under agreements to resell ^{5,6}		3.b
4.	Loans and lease financing receivables:		
a.	Loans and leases held for sale		4.a
b.	Loans and leases, held for investment	4.b	
c.	LESS: Allowance for loan and lease losses ⁷	4.c	
d.	Loans and leases, held for investment, net of allowance (Item 4.b minus 4.c)	0	4.d
5.	Trading assets		5.
6.	Premises and fixed assets (including capitalized leases)		6.
7.	Other real estate owned		7.
8.	Investments in unconsolidated subsidiaries and associated companies		8.
9.	Direct and indirect investments in real estate ventures		9.
10.	Intangible assets		
11.	Other assets		11.
12.	Total assets (sum of Items 1 through 11)	0	12.

¹ Includes cash items in process of collection and unposted debits.

² Includes time certificates of deposit not held for trading.

³ Institutions that have adopted ASU 2016-13 should Report in item 2.a amounts net of any applicable allowance for credit losses.

⁴ Item 2.c is to be completed by institutions that have adopted ASU 2016-01, which includes provisions governing the accounting for investments in equity securities.

⁵ Includes all securities resale agreements in domestic and foreign offices, regardless of maturity.

⁶ Institutions that have adopted ASU 2016-13 should Report in item 3.b and 11 amounts net of any applicable allowance for credit losses

⁷ Institutions that have adopted ASU 2016-13 should Report in item 4.c the allowance for credit losses on loans and leases.

NAME OF INSTITUTION:

FOR THE PERIOD ENDING:

LIABILITIES	Dollar Amounts In Thousands	
13. Deposits:		
a. In domestic offices		
(1) Noninterest bearing ¹		13.a.(1)
(2) Interest-bearing		13.a.(2)
b. In foreign offices, Edge and Agreement subsidiaries, and IBFs		
(1) Noninterest bearing		13.b.(1)
(2) Interest-bearing		13.b.(2)
14. Federal funds purchased and securities sold under agreements to repurchase:		
a. Federal funds purchased in domestic offices ²		14.a
b. Securities sold under agreements to repurchase ³		14.b
15. Trading liabilities		15.
16. Other borrowed money (includes mortgage indebtedness and obligations under capitalized leases)		16.
17. <i>Not applicable</i>		
18. <i>Not applicable</i>		
19. Subordinated notes and debentures ⁴		19.
20. Other liabilities		20.
21. Total liabilities (sum of items 13 through 20)	0	21.

EQUITY CAPITAL

22. Branch equity		22
23. Total liabilities and branch equity (Sum of Items 21 and 22)	0	23.

¹ Includes noninterest-bearing demand, time and savings deposits.

² Report overnight Federal Home Loan Bank advances in Item 16 -"Other borrowed money."

³ Includes all securities repurchase agreements in domestic and foreign offices, regardless of maturity.

⁴ Includes limited-life preferred stock and related surplus.

OFF BALANCE SHEET ITEMS

List types and amounts (i.e., commitments, letters of credit, futures contracts, etc.)

PLEASE NOTE: THE FOLLOWING SIGNATURE PAGE **MUST BE COMPLETED AND SIGNED** IN ACCORDANCE WITH TITLE 5 OF THE DELAWARE CODE.

NAME OF INSTITUTION:

FOR THE PERIOD ENDING:

I hereby declare that this Report of Condition is true and correct to the best of my knowledge and belief.

Print Name

Signature

Title

Phone Number

Email Address

We, the undersigned directors, attest to the correctness of this statement of condition. We declare that it has been examined by us and, to the best of our knowledge and belief, is true and correct.

Director's signature

Director's signature

Print Name

Print Name

**Report must be submitted to: Office of the State Bank Commissioner
1110 Forrest Avenue
Dover, DE 19901**

Report must be submitted within 30 days after the end of the reporting period.