

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
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Other Action:

Initials:

