# **COMMITTEE'S REPORT**

To the Commissioner of Finance, Division of Finance, State of Missouri, P. O. Box 716, Jefferson City, Missouri 65102

Prepared in accordance with Sections 362.280 and 362.285 RSMo, by a committee of at least three members of the Board of Directors or stockholders who are not officers.

#### Name of Bank Address

| Report at the close of business date:in thousands of dollars.           | Include the institution's subsidiaries. | All schedules are reported |
|---|---|----------------------------|
| BALANCE SHEET   |   | thousands of dollars       |
| ASSETS  |   |                            |
|   |   |                            |
| Cash and balances due from depository institutions                      |   |                            |
| 2. Securities   |   |                            |
| a. Held-to-maturity securities  |   |                            |
| b. Available-for-sale securities  |   |                            |
| 3. Assets held in trading accounts                                      |   |                            |
| 4. Premises and fixed assets (including capitalized leases)             |   |                            |
| 5. Other Assets (describe amounts that exceed 25% of this item)         |   |                            |
| a   |   |                            |
| b   |   |                            |
| C   |   |                            |
| 6. Total Assets (sum of items 1 through 5)                              |   |                            |
| LIABILITIES   |   |                            |
| 7. Accounts Payable   |   |                            |
| 8. Taxes Payable  |   |                            |
| 9. Other liabilities for borrowed money                                 |   |                            |
| 10. Other liabilities (describe amounts that exceed 25% of this item)   |   |                            |
| a   |   |                            |
| b   |   |                            |
| C   |   |                            |
| 11. Total Liabilities (sum of items 7 through 10)                       |   |                            |
| EQUITY CAPITAL  |   |                            |
| 12. Preferred Stock   |   |                            |
| 13. Common Stock  |   |                            |
| 14. Surplus   |   |                            |
| 15. a. Undivided Profits  |   |                            |
| b. Net unrealized holding gains (losses) on available-for-sale securiti |   |                            |
| 16. Total Equity Capital (sum of items 12 through 15b)                  |   |                            |
| 17. Total Liabilities and Equity Capital (sum of items 11 and 16)       |   |                            |
| - · · · · · · · · · · · · · · · · · · ·                                 |   | i I                        |

| ASSET/I | IARII | ITV / | A D II | ICTN | /ENITS | 2 |
|---------|-------|-------|--------|------|--------|---|
|         |       |       |        |      |        |   |

| 1. | List any deductions which the committee finds should be made from assets, stating what items and amounts.   |  |
|----|---|--|
|    |   |  |
|    |   |  |
| 2. | List any additions to liabilities which the committee finds should be made, stating what items and amounts. |  |
|    |   |  |
|    |   |  |

#### EXTENSIONS OF CREDIT TO INSIDERS AND THEIR INTERESTS

- 1. Extensions of credit are: any direct loans, cosigner, endorsements, overdrafts, cash items, letters of credit, guarantees and investments such as stocks and bonds.
- 2. Insiders are: directors and officers.
- 3. Interests of insiders are: (a) their unincorporated companies; (b) corporations where insiders are officers or directors; (c) corporations in which insiders own 25 percent or more of the outstanding stock.

| CURRENT<br>BALANCE | ORIGINATION<br>DATE | REPAYMENT<br>TERMS | COLLATERAL |
|--------------------|---------------------|--------------------|------------|
|                    |                     |                    |            |
|                    |                     |                    |            |
|                    |                     |                    |            |
|                    |                     |                    |            |
|                    |                     |                    |            |

## OVERDRAFTS (Indicate by (\*) if uncollectible.)

| MAKER | DATE<br>OVERDRAWN | AMOUNT | MAKER | DATE<br>OVERDRAWN | AMOUNT |
|-------|-------------------|--------|-------|-------------------|--------|
|       |                   |        |       |                   |        |
|       |                   |        |       |                   |        |
|       |                   |        |       |                   |        |
|       |                   |        |       |                   |        |

### LOANS WHERE FULL COLLECTION IS DOUBTFUL OR WHICH ARE NOT SUFFICIENTLY SECURED

| NAME   | CURRENT<br>BALANCE         | ORIGINATION<br>DATE  | REPAYMENT<br>TERMS  | COLLATERAL - provide describing estimate of value | ription and     |
|--|----------------------------|----------------------|---------------------|---|-----------------|
| IVAIVIL  | DALANCE                    | DAIL                 | TERMO               | estimate of value                                 |                 |
|  |                            |                      |                     |   |                 |
|  |                            |                      |                     |   |                 |
|  |                            |                      |                     |   |                 |
| COMMENTS:  |                            |                      |                     | <u> </u>  |                 |
|  |                            |                      |                     |   |                 |
|  |                            |                      |                     |   |                 |
| GIVE A FULL STATEMENT OF   | OTHER MATTERS AS           | EECTING THE SC       | N VENCY AND SOL     | INDNIESS OF THE INISTITUTION                      | ON AND THE      |
| MANAGEMENT THEREOF, WITI   |                            |                      |                     | INDINESS OF THE INSTITUTION                       | JIN, AIND THE   |
| COMMENTS:  |                            |                      |                     |   |                 |
|  |                            |                      |                     |   |                 |
|  |                            |                      |                     |   |                 |
|  |                            |                      |                     |   |                 |
|  |                            |                      |                     |   |                 |
|  |                            |                      |                     |   |                 |
| <u> </u>   |                            |                      |                     |   |                 |
|  |                            |                      |                     |   |                 |
| COMMITTEE ATTEST   |                            |                      |                     |   |                 |
| We, the undersigned directors or s to the best of our knowledge and be | tockholders, attest to the | e correctness of the | is Committee's Repo | ort and declare it has been exar                  | nined by us and |
| ű  |                            |                      |                     |   |                 |
| Signature and Position   | Signatur                   | e and Position       |                     | Signature and Position                            |                 |
| NOTARIZED  |                            |                      |                     |   |                 |
|  | State of                   |                      | Cou                 | nty of  | 90              |
| (Notary Seal)  |                            |                      |                     | day of  |                 |
|  | e wom to uno               |                      |                     |   |                 |
|  |                            |                      |                     | Notary Public                                     |                 |
|  | My commission expires,     |                      |                     |   |                 |