

**Quarterly Report Form**

Office of the State Treasurer  
**S.D. Public Depository Liability Return**

**INSUFCOL**      **SUFCOL**      **NOTDEF**  
 State Treasury Use Only – Do not write or staple in this space

<b>Call Date</b>	Call Date _____, 20____	Submission Date _____, 20____	
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<b>Label</b> Use the State Treasurer's label. Otherwise, please print or type  Reporting Frequency (See SDCL 4-6A and ARSD 6:02:02:01)	<b>L</b>	Qualified Public Depository Name	CBI Number					
	<b>A</b>	Address Number and Street or PO Box	Phone					
	<b>B</b>	City, Town or Post Office, State and ZIP Code	FAX					
		Have you previously filed quarterly returns with the Public Deposit Protection Commission?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"><b>Yes</b></td> <td style="width:50%; text-align: center;"><b>No</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<b>Yes</b>	<b>No</b>	<input type="checkbox"/>	<input type="checkbox"/>	Reports of public deposits and segregated collateral – false statements as perjury, see SDCL 4-6A-7
<b>Yes</b>	<b>No</b>							
<input type="checkbox"/>	<input type="checkbox"/>							

<b>Filing Status</b> Check only one box in 1-5.  Enclose or attach a copy of the most recent report of condition filed with the Comptroller of the Currency, Federal Reserve Bank or FDIC listing total assets in South Dakota	<b>1</b> State Bank <span style="float: right;"><b>1</b> <input type="checkbox"/></span>	<b>2</b> National bank operating in South Dakota <span style="float: right;"><b>2</b> <input type="checkbox"/></span>	
	<b>3</b> State chartered or federal savings and loan association <span style="float: right;"><b>3</b> <input type="checkbox"/></span>	<b>4</b> Federally chartered credit union <span style="float: right;"><b>4</b> <input type="checkbox"/></span>	
Check if you have included a copy of your Report of Condition (Balance Sheet – RC) with this return ➤			<input type="checkbox"/>

<b>Exemption</b>	Does your depository hold or receive public deposits and do you have collateral segregated to protect public deposits? ➤	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"><b>Yes</b></td> <td style="width:50%; text-align: center;"><b>No</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<b>Yes</b>	<b>No</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Yes</b>	<b>No</b>						
<input type="checkbox"/>	<input type="checkbox"/>						
Note: If you check "No", skip to the Affidavit section on the reverse to complete and return this report.							

<b>Public Deposits</b> (All general, special and other funds held or administered by the state and any of its political subdivisions) For contents, see SDCL 4-6A-1(6) and ARSD 6:02:02:02	All deposits of state, county, municipality, township, school district, or any political subdivision thereof, or any tribal government, are public fund deposits. Deposits placed in banks by the agriculture and business development authority are not public deposits.		
<b>8</b>	This is your <b>total amount of public deposits.</b>	<b>8</b>	\$

<b>Depository</b>	<b>9a</b> Number of public <i>depositors</i> with demand accounts aggregated above \$250,000	<b>9a</b>		<b>9b</b> Total amount of these deposits	<b>9b</b>	\$
	<b>10</b> Multiply the amount in line 9a by \$250,000.				<b>10</b>	\$
	<b>11</b> Subtract the amount in line 10 from the amount in line 9b. This is the uninsured portion of public demand accounts.				<b>11</b>	\$
	<b>12a</b> Number of public <i>depositors</i> with savings and time accounts aggregated above \$250,000	<b>12a</b>		<b>12b</b> Total amount of these deposits	<b>12b</b>	\$
	<b>13</b> Multiply the amount in line 12a by \$250,000.				<b>13</b>	\$
	<b>14</b> Subtract the amount in line 13 from the amount in line 12b. This is the uninsured portion of public savings and time accounts.				<b>14</b>	\$
	<b>15</b> Add the amount in line 11 and the amount in line 14. This is your <b>maximum liability.</b>				<b>15</b>	\$

<b>Adequacy of Eligible Collateral Computation</b> Contact the State Treasury if you need assistance in determining your collateral status.  Tel. 605-773-3378  ST: PD 06-98	<b>16a</b>	\$	Securities		
	<b>16b</b>	\$	Letters of Credit		
	<b>16c</b>	\$	Surety Bonds		
	<b>16d</b>	\$	Certificates of Deposit		
<b>TOTAL VALUE OF ALL PRESENT COLLATERAL</b> ➤				<b>16</b>	\$
	<b>17</b>	Subtract line 15 from line 16. This is your <b>ADEQUACY OF COLLATERAL</b> ➤		<b>17</b>	\$
You are adequate if the amount on line 17 is positive. You have met the requirement and have sufficient collateral. If the amount on line 17 is negative (less than zero), you have excess requirement over collateral. You must SUFFICIENTLY PLEDGE, ISSUE OR GUARANTEE this amount immediately, so adequate collateral is segregated to protect public funds. Indicate new collateral on line 18.					

