

**QUALIFIED PUBLIC DEPOSITORY MONTHLY REPORT
PART ONE**

Schedule D Other Financial Information (Must be rounded to the nearest dollar)

Required totals are month end balances, calculated as if completing the Quarterly Regulatory Report.

(1) Tangible equity capital

- (a) Total equity capital \$ _____
- (b) Less intangible assets \$ _____
- (c) Tangible equity capital \$ _____
- (d) Did this depository experience a decline in tangible equity capital from the previously reported month? YES NO

If yes, select reasons for decline from the list below and provide an explanation unless otherwise indicated. Attach additional page if needed.

- 1. Dividends (explanation not required)
- 2. Provisions or adjustments for loan and lease losses
- 3. FASB 115-unrealized holding losses on AFS securities (explanation not required)
- 4. Other FASB ruling
- 5. Legal expenses, settlements, or judgments
- 6. Merger or acquisition costs (explanation not required)
- 7. Adjusting entries for current period
- 8. Adjusting entries for prior periods
- 9. Adjusting entries prompted by examiners or auditors
- 10. Equity capital adjustments from amended quarterly regulatory reports
- 11. Increase in intangible assets
- 12. Accounting changes
- 13. Extraordinary items
- 14. Other

Explanation: _____

(2) Total assets (Balance Sheet) \$ _____

Schedule E Certification

Under penalties of perjury, I attest that I am authorized to sign on behalf of the QPD identified above, and also declare that I have read the information provided on this Qualified Public Depository Monthly Report to the Chief Financial Officer and that the facts stated in it are true to the best of my knowledge and belief.

Authorized Signature for QPD: _____ Date: _____

Printed Name and Title: _____

Person to whom questions regarding this report should be directed:

Printed Name and Title: _____

Phone: (_____) _____ Fax: (_____) _____



DEPARTMENT OF FINANCIAL SERVICES
Division of Treasury – Bureau of Collateral Management

QUALIFIED PUBLIC DEPOSITORY MONTHLY REPORT
PART TWO-SCHEDULE OF SECURITIES PLEDGED AS COLLATERAL
 (Priced at close of business on the last banking day in the month)

Legal Name of QPD: _____
 QPD's FEIN: _____
 Reported Month & Year: _____

Custodian's Name: _____
 Contact at Custodian: _____
 Contact's Phone #: _____
 Contact's Fax #: _____

CUSIP Number (listed in ascending order)	Description including Pool or Tranche Number (use industry standard abbreviations)	Interest Rate including a (V) if variable	Maturity Date	Original Face or Par Value	Current Par Value	Market Value	Rating

Total Number of Securities Pledged: _____ TOTALS: \$ _____ \$ _____ \$ _____

Reminder: All amounts reported must be rounded to the nearest dollar.

STATE OF FLORIDA
QUALIFIED PUBLIC DEPOSITORY (QPD) MONTHLY REPORT
INSTRUCTIONS AND WORKSHEET (WS)
 Not to be submitted with the Monthly Report

CALCULATION OF REQUIRED COLLATERAL

Work through sections A through F in order to calculate your institution's required collateral. The amount in Total F should be carried forward to the Qualified Public Depository Monthly Report, Part One, Schedule C(1)(a).

A. Average Daily Balance

Average Balance is calculated by totaling, by account, the daily balances of public deposits and then dividing the total by the number of calendar days in the month.

Average Daily Balance is calculated by subtracting deposit insurance from average balance.

Deposit insurance: Official custodians of public deposits are entitled to insurance coverage of up to \$250,000 for time and savings deposits and up to \$250,000 for demand deposits. For purposes of these limits, savings deposits include NOW accounts and money market deposit accounts while demand deposits include both interest-bearing and noninterest-bearing accounts payable on demand and for which the depository institution does not reserve the right to require advance notice of an intended withdrawal. For purposes of this worksheet, applicable deposit insurance is the sum of: the lesser of the average balance of demand deposit accounts for each official custodian or \$250,000; plus the lesser of the average balance of time and savings accounts for each official custodian or \$250,000.

Pledge percentage, for purposes of this section, is either 25%, 50%, 110% or 150% and is provided to each QPD upon entrance to the program and as changes occur. If you do not know your current pledge percentage, please contact this office at (850) 413-3164.

Pool Figure means the total average monthly balances of public deposits held by all QPDs during the immediately preceding 12-month period. For purposes of calculating required collateral, use the most recent pool figure provided by the Chief Financial Officer, State of Florida (CFO).

Tangible Equity Capital is total equity capital less intangible assets, calculated as if completing the Quarterly Regulatory Report.

(1)	Average Daily Balance of Public Deposits		\$	
(2)	Tangible Equity Capital		\$	
(3)	Pool Figure _____	X 20%	=	\$
(a)	The LESSER of (1), (2), or (3).			
	\$ _____	X PLEDGE %	=	\$
(b)	If the amount of (1) exceeds the amount of (2), multiply the excess by 110%.			
	\$ _____	X 110%	=	\$
(c)	If the amount of (1) exceeds the amount of (3), multiply the excess by 110%.			
	\$ _____	X 110%	=	\$
Total A Add line (a) to the greater of line (b) or (c).				\$

B. Average Monthly Balance

Average Monthly Balance is calculated by adding the average daily balance for the reported month and the average daily balances for the 11 months preceding that month and dividing the total by 12.

	<u>MONTH</u>		<u>AMOUNT</u>	
(1)	_____	(Reported Month)	\$	
(2)	_____	(Prior Months)		
(3)	_____			
(4)	_____			

STATE OF FLORIDA
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(5) _____

(6) _____

(7) _____

(8) _____

(9) _____

(10) _____

(11) _____

(12) _____

(a) Total (1) through (12). \$ _____

(b) _____ / 12 = \$ _____
Total (1) through (12) Average Monthly Balance

Total B \$ _____ X 25% = \$ _____
Average Monthly Balance

C. Alternative Participation Agreement

If your institution is subject to an Alternative Participation Agreement, you must multiply the maximum amount of uninsured public deposits permitted in your agreement with the CFO by 150%.

Total C \$ _____ X 150% = \$ _____

D. Preliminary Collateral Requirement

Total D The greater of Total A, B, C, or \$100,000. \$ _____

E. Additional Collateral

Additional collateral of 20 percent of the preliminary required collateral is necessary if a valuation date other than the close of business on the last banking day of the month has been approved by the CFO for the QPD and the preliminary required collateral is found to be insufficient based on the CFO's valuation.

Total E \$ _____ X 120% = \$ _____
Total D amount

F. Minimum Required Collateral

Minimum Required Collateral means eligible collateral that has been valued using a nationally recognized source. Market price, quality ratings, and pay-down factors used in the valuation must be as of the close of business on the last banking day of the reported month or as of a date approved by the CFO. Any material decline in value that occurs before the monthly report is mailed to the CFO must be reported.

Total F Minimum required collateral is the greater of Total D or E. \$ _____

QUESTIONS?

Phone: (850) 413-3164 Fax: (850) 413-2721 Email: public.deposits@fldfs.com