

Quarterly Liability Report Form

Office of the State Treasurer
S.D. Public Depository Liability Form

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

Call Date	Call Date _____, 20____	Submission Date	Submission Date _____, 20____
------------------	-------------------------	------------------------	-------------------------------

Label
 Use the State Treasurer's label. Otherwise, please print or type

Reporting Frequency
 (See SDCL 4-6A and ARSD 6:02:02:01)

L A B E L	Qualified Public Depository Name	CBI Number
	Address Number and Street or PO Box	Phone
	City, Town or Post Office, State and ZIP Code	FAX

Have you previously filed quarterly returns with the Public Deposit Protection Commission?	Yes	No	Reports of public deposits and segregated collateral – false statements as perjury, see SDCL 4-6A-7
	<input type="checkbox"/>	<input type="checkbox"/>	

Filing Status
 Check only one box in 1-4.

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

1 State Bank	1	<input type="checkbox"/>	2 National bank operating in South Dakota	2	<input type="checkbox"/>
3 State chartered or federal savings and loan association	3	<input type="checkbox"/>	4 Federally chartered credit union	4	<input type="checkbox"/>

Check if you have included a copy of your Report of Condition (Balance Sheet – RC) with this return

Exemption

Does your depository hold or receive public deposits and do you have collateral segregated to protect public deposits? **Yes** **No**

Note: If you check "No", skip to the Affidavit section on the reverse to complete and return this report.

Public Deposits
 (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.

6a	Number of public demand accounts	6a		6b	Total amount of public demand accounts	6b	\$
7a	Number of public time and savings accounts	7a		7b	Total amount of public time and savings accounts	7b	\$
8	Add the amounts in lines 6b and 7b. This is your total amount of public deposits.					8	\$

Maximum Liability of Depository

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

Adequacy of Eligible Collateral Computation
 Contact the State Treasury if you need assistance in determining your collateral status.

Tel. 605-773-3378
 ST: PD 12-15-2020

16	Value of present collateral being used to secure uninsured public deposits. (All collateral must be valued at the lower of either market or face/par value.) Add 16a, b and c.	16a	\$	Securities			
		16b	\$	Letters of Credit			
		16c	\$	Surety Bonds			
		16d	\$	Certificates of Deposit			
		16e	\$	Government Guaranteed Loans			
TOTAL VALUE OF ALL PRESENT COLLATERAL <input type="checkbox"/>					16	\$	
17	Subtract line 15 from line 16. This is your ADEQUACY OF COLLATERAL <input type="checkbox"/>					17	\$

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.

	Name	CUSIP/Bond Number	% Rate	Mat / Due Date*	Par Amount
<p>Additional Collateral Complete if Line 17 was a negative amount. Any deficiency of collateral must be made up by additional securities, letters of credit, or surety bonds. Signed receipts / agreements in triplicate are required for securities being pledged. Letters of credit and surety bonds must be assigned or designated to the S.D. Public Deposit Protection Commission.</p> <p>The amount in line 18 must completely compensate for the deficiency in line 17.</p>	a		%		\$
	b		%		\$
	c		%		\$
	d		%		\$
	e		%		\$
	<p>18 Add par values in columns a through e. THIS IS THE VALUE OF NEW COLLATERAL ➤</p> <p>Note: Collateral is eligible security for public deposits as described in SDCL 4-6A and 51A-10-9. Public deposits given preference by a depository that pledges its assets as collateral security are by law granted a paramount, preferred and perfected first lien on the depository assets so deposited, segregated or pledged.</p> <p>*FOR LETTERS OF CREDIT OR SURETY BONDS INDICATE EFFECTIVE DATE.</p>				<p>18 \$</p> <div style="background-color: #cccccc; width: 100%; height: 50px;"></div>
<p>Other Public Funds – Municipal Bonds in South Dakota Banks. (Par Value) If you have none, leave lines 19-20 blank and write "0" on line 21.</p>	<p>19 Amount of bonds of General Obligation, bonds special, debentures or notes or any income or revenue bonds (includes negotiable refunding bonds). 19</p>				\$
	<p>20 Amount of S.D. Housing Authority bonds or interim notes. 20</p>				\$
	<p>21 Add lines 19 and 20. This is your TOTAL OF S.D. MUNICIPAL BONDS ➤ 21</p>				\$
<p>Affidavit This section must be completed.</p> <p>Sign Here Keep a copy of this return for your records.</p>	<p>Under penalties of perjury, I certify I am an officer or employee of the public depository named in this report and I have examined this return and any and all accompanying reports, receipts and statements, and to the best of my knowledge and beliefs these are true, correct and complete. I further certify this return is an accurate record of the total amount of public deposits held by my depository, and is a true accounting of the amount and nature of eligible collateral segregated and designated in accordance with law.</p>				
<p>Your Signature ➤</p>		<p>Date ,20</p>		<p>Title/Office</p>	

IMPORTANT

1. Enclose the Report of Condition (Balance Sheet – RC), together with a list of all pledged securities, standby letters of credit, or corporate surety bonds as of quarter end with the lowest value between market and par highlighted and a total of these highlighted values.
2. No collateral pledged to secure public deposits may be left for safekeeping in a safe deposit vault owned or controlled directly or indirectly by the qualified public depository securing the public deposits. No collateral is considered released without the written consent of the State Treasurer.
3. This document no longer requires Notarization.