

## Certificate of Paid-In Capital

Name of Bank/Savings Bank	City, Village or Township
---------------------------	---------------------------

The undersigned, does hereby certify that the capital and surplus of the above-named bank/savings bank in the amount of \$ \_\_\_\_\_ pursuant to applicable provisions of the Banking Code of 1999, as amended, or the Savings Bank Act of 1996, as amended, has been fully paid-in. Therefore, issuance of the Commissioner's Certificate of Authority for the bank/savings bank to commence business with capital and surplus as follows is requested:

Preferred Stock ( _____ Shares @ \$ _____ Par Value)	\$	_____
Common Stock ( _____ Shares @ \$ _____ Par Value)	\$	_____
Surplus	\$	_____
Undivided Profits	\$	_____
<b>Total Capital Structure</b>	<b>\$</b>	<b>=====</b>

Officer's Signature	Date
---------------------	------

Please send completed form to: **OFFICE OF FINANCIAL AND INSURANCE REGULATION  
ATTENTION: ENTERPRISE MONITORING DIVISION  
P.O. BOX 30220  
LANSING, MI 48909-7720**

*Authorized by PA 276 of 1999, as amended, and PA 354 of 1996, as amended. Required to notify Commissioner capital and surplus have been fully paid in.*



**Michigan Department of Energy, Labor & Economic Growth**

DELEG is an equal opportunity employer/program.  
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Visit OFIR online at: [www.michigan.gov/ofir](http://www.michigan.gov/ofir) Phone OFIR toll-free at: 1-877-999-6442