

## Certificate of Paid-In Capital

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

Officer's Signature	Date
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Please send completed form to: **OFFICE OF FINANCIAL AND INSURANCE SERVICES  
ATTENTION: ENTERPRISE MONITORING AND  
INSURANCE EXAMINATION 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.*

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**Michigan Department of Consumer & Industry Services**  
*"Serving Michigan... Serving You"*



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1-877-999-6442

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