

Report of Progress of Liquidation

Bank Name
 City, State, ZIP Code:
 Charter No.:

Since the (*original, last reported*) appointment of the liquidating agent (*committee*), the shareholders have made the following changes:

<u>Name and Address of Appointed</u>	<u>Appointed to Succeed</u>	<u>Date</u>
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Amount of agent (*committee*) members' fee: \$_____.

All creditor claims, including all additional claims asserted during the period of advertisement for claims, (*have, have not*) been fully paid or assumed by an operating bank.

(List the classes and show the amounts of the liabilities outstanding.)

Class of Outstanding Liabilities	Amount
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
TOTAL	\$

Aggregate book value of assets originally received by agent or committee of liquidation	\$
Amount of cash originally received by agent or committee	\$
TOTAL	\$

The remaining unliquidated assets have present book values of	\$_____	Amount
of cash on hand	\$	
TOTAL	\$	

The following distributions to shareholders have been declared:

	<u>Date Declared</u>	<u>Amount of Distribution</u>	<u>% of Distribution</u>
1st	_____		
2nd	_____		
3rd	_____		
4th	_____		
5th	_____		

If the bank had a trust department, show the disposition since liquidation.

Number of fiduciary accounts as of effective date of liquidation: *(insert number)*

Number of fiduciary accounts closed, transferred, or otherwise disposed of since the effective date of liquidation: *(insert number)*

(Briefly summarize the progress of the liquidation during the past reporting year. Explain what plans are in progress to complete the liquidation and state whether further distributions will be made to shareholders.)

This report of progress of liquidation and any attachments (*schedules*) are as of _____ *(date)* and certified to be correct to the best of my knowledge and belief.

(Liquidating Agent) *(Correspondent for Committee)*

(Committee Member)

(Committee Member)

(Committee Member)

Date Signed

(If there is a liquidating committee, every member should sign.)
