

FINANCIAL SUBSIDIARY CERTIFICATION (SUBSEQUENT NOTICE)

NATIONAL BANK IDENTIFYING INFORMATION

Charter No.:

Bank Name (exact corporate title):

Street Address:

City: County: State: ZIP:

Name of each depository institution affiliate:

CONTACT PERSON

Requests for additional information or other communications should be directed to:

Name:

Title:

Street Address:

City: State: ZIP:

Phone: Fax: E-mail:

NOTICE DETAILS

The bank is filing a “Financial Subsidiary Certification” pursuant to 12 CFR 5.39(i)(1).

CERTIFICATION AND SIGNATURE

Regarding the establishment of (or investment in) the financial subsidiary, the bank certifies that in accordance with these provisions, the bank and each of its depository institution affiliates, is well capitalized and well managed, as defined by 12 CFR 5.39(d)(11) and (12), respectively, and has not received a rating of less than “satisfactory” at its most recent CRA examination.

I certify that the information contained in this filing has been examined carefully by me and is true, correct, and complete, and is current as of the date of the submission. I acknowledge that any misrepresentation or omission of a material fact constitutes fraud in the inducement and may subject me to legal sanctions provided by 18 USC 1001.

I acknowledge that approval of this notice is in the discretion of the OCC. Actions or communications, whether oral, written, or electronic, by the OCC or its employees in

connection with this filing, including approval of the notice, if granted, do not constitute a contract, either express or implied, or any other obligation binding upon the OCC, other federal banking agencies, the United States, any other agency or entity of the United States, or any officer or employee of the United States. Such actions or communications will not affect the ability of any federal banking agency to exercise its supervisory, regulatory, or examination powers under applicable law and regulations. I further acknowledge that the foregoing may not be waived or modified by any employee or agent of a federal banking agency or of the United States.

Signature: _____

Print or type Name: _____

Title: _____

Date: _____