

OFFICE OF THE STATE TREASURER
SEMI-ANNUAL CERTIFICATION
(Report Period Ended June 30, 2008)

(Bank Name)

(Address)

_____, _____, _____
(City) (State) (Zip Code)

(Please see below for definitions)

Arkansas Loans \$ _____

Arkansas Deposits \$ _____

CAPITAL BASE \$ _____
(Please attach current Statement of Condition)

I certify that the above information is true and correct as of June 30, 2008.

Name/Title

Signature

Date

PLEASE RETURN TO
STATE TREASURER'S OFFICE
Investment Division
1401 W. Capitol, Suite 275
Little Rock, AR 72201
Phone: 501-682-1418
Fax: 501-682-1521

1. **“Arkansas Loans”** means the sum of:
 - (A) Loans made to individual borrowers residing in the State of Arkansas
 - (B) Loans made to corporations or other legal entities doing business in Arkansas for which an address within Arkansas is used for transacting business.
 - (C) Bonds issued or loans made to the State of Arkansas or its instrumentalities.
 - (D) Bonds issued or loans made to political subdivisions of the State of Arkansas.
 - (E) Bonds issued by Arkansas corporations.

2. **“Arkansas Deposits”** means deposits received by banks and credited to accounts whose accountholders have their principal place of business or permanent home address in Arkansas.

3. **“Capital Base”** means the sum of its capital stock, surplus, undivided profits, plus any additions and less any subtractions which the Commissioner may by regulation prescribe.

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