

**Pennsylvania Treasury Department  
Financial Institution  
Questionnaire**

**COMPANY INFORMATION**

1. Financial Institution Name and Address

Website Address

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**Telephone and Fax Numbers**

<u>Corporate Main</u>	<u>Local Office</u>	<u>Fax</u>
<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>

If any of below questions do not apply to your organization, please indicate that and explain why.

2. Please indicate your ABA Routing Number and either your OTS or FDIC Number.

ABA	<input style="width: 200px; height: 20px;" type="text"/>
OTS	<input style="width: 200px; height: 20px;" type="text"/>
FDIC	<input style="width: 200px; height: 20px;" type="text"/>

3. Please indicate the type of charter your banking, savings, or savings and loan institution operates under and the year chartered.

<input type="checkbox"/> Nationally Chartered Bank	Year	<input style="width: 50px; height: 20px;" type="text"/>
<input type="checkbox"/> Federally Chartered Bank	Year	<input style="width: 50px; height: 20px;" type="text"/>
<input type="checkbox"/> State Chartered Bank	Year	<input style="width: 50px; height: 20px;" type="text"/>

4. Has your financial institution operated under a different business name at any time during the past five years?  Yes  No

If yes, please provide the prior name, year of the change, and reason for the name change.

<u>Prior Name</u>	<u>Year</u>	<u>Reason For Change</u>
<input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>

5. Where is your financial institution headquartered?

City <input style="width: 200px; height: 20px;" type="text"/>	State <input style="width: 100px; height: 20px;" type="text"/>
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6. Is your financial institution owned by a holding company?  **Yes**  **No**

If yes, please provide the following information.

Holding Company's Name

\$

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Net Worth Capitalization \$

Headquarters City

State

7. Please provide a geographic representation of your financial institution.

State  No. of Offices

State  No. of Offices

State  No. of Offices

8. Please indicate the number of branch offices your financial institution has within the boundaries of Pennsylvania.

9. Please indicate number of employees in PA.

10. Please indicate any acquisitions or mergers during the last 10 years.

**RATING INFORMATION**

11. Please identify below who regulates your financial institution. ( Check all that apply)

- Office of the Comptroller of Currency
- Federal Deposit Insurance Corporation
- Office of Thrift Supervision
- Federal Reserve System
- State Banking Department

12. Is your bank rated or scored by Fitch Ratings?

Yes  No

If yes, please provide your most current issuer rating or score.

If no, please provide what rating agency and your most current issuer rating score.

Agency

Score

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**REPORTING AND TAX INFORMATION**

If your financial institution is subject to the Pennsylvania Unclaimed Property Reporting Act per P.S. § 1301.1 DISPOSITION OF ABANDONED AND UNCLAIMED PROPERTY ACT (Report of Abandoned and Unclaimed Property Verification and Checklist)

13.

Please provide the period covered on your most recent AP-1 report that was submitted

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and the date of that report

14. Period  Date

If your financial institution is subject to Pennsylvania Corporate Tax please corroborate that your institution is current with any tax liability.

Yes  No

If your institution is not current please provide your explanation on a separate attachment.

**SHAREHOLDER INFORMATION**

15.

Please indicate the following:

- a) the total number of stockholders with your institution
- b) the number of stockholders holding 25% or more shares
- c) the number of stockholders holding 10% or more shares
- d) the number of stockholders holding 5% or more shares

16.

Please list the names of the five largest stockholders and the number of shares held by each.

<u>Stockholder's Name</u>	<u>No. of Shares</u>
<input type="text"/>	<input type="text"/>

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**LEGAL/REGULATORY INFORMATION**

17.

Has your financial institution been subject to any litigation, arbitration or regulatory proceedings, either pending, adjudicated, or settled, within the past five years, that involved allegations of improper, fraudulent, disreputable, or unfair financial activities?

Yes  No

If yes, please provide a brief explanation and status of resolution.

18.

Has your financial institution been subject to a regulatory, state or federal investigation within the past five years for alleged improper, fraudulent, disreputable, or unfair financial activities?

Yes  No

If yes, please provide a brief explanation.

19.

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Have any of your public sector clients claimed within the past five years that your financial institution was responsible for any financial losses?

Yes     No

If yes, please explain.

20.

If your institution employs Mortgage Brokers or Bankers please list their names and the dates of their most current licenses.

NAME	DATE	License Number