



DIVISION OF FINANCE

301 West High Street, Room 630
P.O. Box 716
Jefferson City, MO 65102-0716
(573) 751-3242
(573) 751-9192 FAX
www.finance.mo.gov

Mick Campbell
Acting Commissioner

December 2, 2022

TO THE MANAGING OFFICER OF THE INSTITUTION ADDRESSED:

Section 362.340 of the Revised Statutes of Missouri requires the Board of Directors of each bank or trust company to review and approve the institution's primary insurance program at least once each calendar year. The action of the Board must then be recorded in the minutes and a report retained on file. As shown on the attached schedule, the minimum primary coverage amounts for 2023 have increased slightly for all asset ranges. If the coverage approved by the Board of Directors equals or exceeds the minimum coverage as shown, the institution will have complied with the requirements contained in § 362.340 of the Revised Statutes of Missouri.

Please complete the attached form and retain a copy of it with the Board's official minutes; submission to the Division of Finance is no longer required. The form may also be found at finance.mo.gov.

Sincerely

A handwritten signature in black ink, appearing to read "Mick Campbell".

Mick Campbell
Acting Commissioner

MC:cs
Enclosure

MISSOURI DIVISION OF FINANCE
P. O. Box 716
Jefferson City, Missouri 65102
(573) 751-3242
INSURANCE PROGRAM

If other affiliates are insured under the same primary bond, please include a list showing the name and total assets of each insured bank or company.

1. Date of board meeting when insurance coverages were reviewed: _____
2. Total assets per daily statement on same date: _____
3. Name of Bonding Company: _____
4. Amount of Financial Institution Crime Bond (Please note that the minimum coverage requirement is based on single loss limit amount)
 - Aggregate Liability Limit _____
 - Single Loss Limit of Liability _____
 - Expiration Date: _____ Deductible Limit: _____
5. If applicable, Amount of Form 28 Excess Coverage: _____
Expiration Date: _____
6. Other coverages included in Financial Institution Crime Bond:

<u>TYPE OF COVERAGE</u>	<u>LIMIT AMOUNT</u>
A. Employee Dishonesty _____	
Is this coverage extended to include Employee Benefit Plans? _____	Yes _____ No _____
B. Robbery, including Misplacement _____	
C. Burglary _____	
D. Forgery -- Clause D _____	
Are loan participations included? _____	Yes _____ No _____
Securities -- Clause E _____	
E. Extortion Coverage: Persons _____	Property _____
7. Does Bond include a rider adding Trading Loss? _____ Yes _____ No _____
8. Does Bond include a Computer Systems Rider? _____ Yes _____ No _____
9. Combination Safe Depository:
 - Coverage A (Legal Liability) _____
 - Coverage B (Customer's Property) _____
10. Estimated Value of Bank-owned Buildings & Contents: _____
Insured Amount: _____
11. Amount of General Liability Insurance: _____
12. Trust Powers Exercised: _____ Yes _____ No _____
Trust Department Errors & Omissions Insurance Carried: _____ Yes _____ No _____
13. Cyber Insurance: Coverage Amount: _____ Deductible: _____

Bank or Trust Company	Address	
Officer's Signature and Title	City and State	Zip Code

MISSOURI DIVISION OF FINANCE
P. O. Box 716
Jefferson City, Missouri 65102

TOTAL ASSETS		2023 MINIMUM PRIMARY COVERAGE REQUIRED
\$	-0- up to \$ 99,999,999	\$ 1,600,000
\$	100,000,000 up to \$ 149,999,999	\$ 2,100,000
\$	150,000,000 up to \$ 249,999,999	\$ 2,600,000
\$	250,000,000 up to \$ 499,999,999	\$ 4,250,000
\$	500,000,000 up to \$ 999,999,999	\$ 5,250,000
\$	1,000,000,000 up to \$ 2,499,999,999	\$ 10,500,000
\$	2,500,000,000 up to \$ 4,999,999,999	\$ 10,500,000
\$	5,000,000,000 up to \$ 9,999,999,999	\$ 10,500,000
\$	10,000,000,000 and over	\$ 16,000,000