

Governor Mike Kehoe
State of Missouri

Mick Campbell
Commissioner of Finance



DIVISION OF FINANCE

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

December 9, 2025

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, no changes have been made to the required minimum coverage for 2026. 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 blue ink, appearing to read "Mick Campbell", is written over a horizontal line.

Mick Campbell
Commissioner

MC:cg
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		2026 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 upto \$ 499,999,999	\$ 4,250,000
\$	500,000,000 up to \$ 999,999,999	\$ 5,250,000
\$	1,000,000,000 upto \$ 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