

**QUARTERLY REPORT OF CAPITAL ACCOUNT,  
FIDELITY BONDS, AND INSURANCE**

*Form OFR-162-11*

This is a quarterly reporting form for use by licensed family trust companies and family trust companies to report the applicable capital account, fidelity bonds, and insurance information as provided in ss. 662.124 and 662.126, F.S. This form must be completed and submitted to the Office of Financial Regulation, Division of Financial Institutions within 30 days following the end of each calendar quarter. If additional space is needed to complete the information required by this form, attach additional pages and identify the section to which the additional pages pertain.

Licensed family trust companies must complete Sections 1 and 4, and either Section 2 or 3.

Family trust companies must complete Section 1, and may, but are not required to, complete the other sections.

The terms used in this form are as defined in s. 662.111, F.S., or, if not defined therein, in Rule Chapter 162, F.A.C. All statutes, rules, and forms relating to licensed family trust companies and family trust companies are available at the Office of Financial Regulation, Division of Financial Institution's website:

<http://www.flofr.com/StaticPages/DivisionOfFinancialInstitutions.htm>.

Name of the Licensed Family Trust Company or Family Trust Company:	
License or Registration Number:	Quarter Ending:

<b>Section 1 - CAPITAL ACCOUNT</b>				
Required for licensed family trust companies and family trust companies.				
Please complete the information below regarding the capital account.				
	(1) Month	(2) Balance of Capital Account	(3) Minimum Capital Required (s. 662.124, F.S.)*	Difference (2) – (3)
	1.			
	2.			
	3.			
<ol style="list-style-type: none"> <li>1. Insert the reference month (column (1) Month) for the quarter in rows 1, 2, and 3.</li> <li>2. Insert the balance of the Capital Account (column (2) Balance of Capital Account).</li> <li>3. Insert the minimum capital required (per s. 662.124, F.S.) in the column titled (3) Minimum Capital Required.</li> <li>4. Insert the difference of column (2) from column (3). If at any time the capital account fell below the applicable amount required under s. 662.124, F.S., please provide a written explanation and state the action taken to bring the account into compliance with s. 662.124, F.S.</li> </ol> <p><i>*Assets comprising the capital account <u>must</u> consist of cash, United States Treasury obligations, or any combination thereof, and have an aggregate market value in accordance with s. 662.132(1)(b), F.S.</i></p>				

**Section 2 - FIDELITY BONDS**

Required for licensed family trust companies.

Please complete the information below, reflecting the amount of the fidelity bonding procured and maintained by the company for each officer, director, manager, member acting in a managerial capacity, and employee as required under s. 662.126, F.S.

If the company has elected to increase its capital account in lieu of procuring and maintaining fidelity bonds under s. 662.126, F.S., please complete Section 3 of this form.

(1) Month	(2) Total Amount of Fidelity Bond(s)	(3) Number of Active Officers, Directors, Managers, Members and Employees
1.		
2.		
3.		

1. Insert the reference month (column: (1) Month) for the quarter in rows 1, 2, and 3.
2. Insert the Total Amount of Fidelity Bond(s) in column 2, held at the end of each month of the quarter.
3. In column 3, insert the number of bonded individuals.

**Section 3 - INCREASE IN CAPITAL IN LIEU OF FIDELITY BONDS**

Required for licensed family trust companies that are proceeding under s. 662.126(3), F.S.

If the company has elected to increase its capital account in lieu of procuring and maintaining fidelity bonds, please complete this section.

(1) Month	(2) Total Amount of Capital Account*	(3) Number of Active Officers, Directors, Managers, Members and Employees	(4) Increase in Capital Above Required Amount*
1.			
2.			
3.			

1. Insert the reference month (column: (1) Month) for the quarter in rows 1, 2, and 3.
2. Insert the Total Amount of the Capital Account in column 2, held at the end of each month of the quarter.
3. In column 3, insert the number of bonded individuals.
4. In column 4, insert the amount of capital that exceeds the applicable minimum amount required by s. 662.124, F.S.

*\*Assets comprising the increased capital account must consist of cash, United States Treasury obligations, or any combination thereof, and have an aggregate market value in accordance with s. 662.132(1)(b), F.S.*

**Section 4 - INSURANCE**

Required for licensed family trust companies.

Please provide the following information regarding the errors and omissions insurance required under s. 662.126, F.S., and any other insurance policies procured and maintained.

(1) Month	(2) Insurance Policies Procured and Maintained	(3) Policy Amounts
1.		
2.		
3.		

**Instructions**

1. Insert the reference month (column: (1) Month) for the quarter in rows 1, 2, and 3.
2. List the Insurance Policies Procured and Maintained.
3. Provide the corresponding policy amount for each policy listed in column 2.

**CERTIFICATION:** *I, the authorized representative of the licensed family trust company or family trust company named herein, hereby certify that the minimum capital account reflected above is composed of one or more of the assets groups as required by s. 662.132, F.S., and that all information provided in this report is true and correct.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*If the Board of Directors is certifying the information provided, please submit the attached page with signatures and dates.

**TITLE:** \_\_\_\_\_

**Submit this report to:**  
**Florida Office of Financial Regulation**  
**Division of Financial Institutions**  
**200 East Gaines Street**  
**Tallahassee, Florida 32399-0371**

**CERTIFICATION BY BOARD OF DIRECTORS**

*The Board of Directors of the licensed family trust company or family trust company named herein hereby certifies that the minimum capital account reflected above is composed of one or more of the assets groups as required by s. 662.132, F.S., and that all information provided in this report is true and correct.*

**DIRECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DIRECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DIRECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DIRECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**DIRECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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