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| --- | --- | --- |
|  |  |  |
| *Name of Bank* |  | *Date* |

***SPECIAL REPORT -- LEEWAY SUPPLEMENT***

***LEEWAY INVESTMENT SURVEY (N.J.S.A. 17:9A-24.12)***

1. Does your institution currently have any leeway investments pursuant to

*N.J.S.A.* 17:9A-24.12 (Formerly *N.J.S.A.* 17:9A-182.4 for savings

YES / NO

banks). (Circle one.)

If YES, please provide the Information requested below.

|  |  |
| --- | --- |
| B. | Total Assets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x .03 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maximum investment |
| C. | Total Capital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x .5 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maximum investment  *(Capital, surplus, reserves, undivided profits & capital notes)* |
| D. | Institution's maximum investment, the lesser of B or C: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| E.  F. | Institution's maximum investment to one person equals 1% of  total assets: 1% x total assets in B: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Use the format below to list all leeway investments. Next to each investment, provide a description, including the type of activity involved, and whether the investment is direct or through a subsidiary. **Indicate all insurance activity investments with an asterisk (\*)**. |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and description of each investment Use additional pages if necessary)** | **Date of Original Investment** | **Amount of Leeway Investment** | **Amount of Other Tie-In Obligations** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
|  |  |  |  |
| Totals: |  |  |  |

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name and Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_