

FLORIDA OFFICE OF FINANCIAL REGULATION
Division of Financial Institutions
200 East Gaines Street
Tallahassee, Florida 32399-0371
www.flofr.com

Annual Renewal Application
Form OFR-162-04

For:
Family Trust Companies
Licensed Family Trust Companies
Foreign Licensed Family Trust Companies

This form is for use by family trust companies, licensed family trust companies, and foreign licensed family trust companies in applying for renewal of their license or registration, as applicable.

The annual license or registration renewal application must be completed on this form and signed under penalty of perjury by the applicant's authorized representative as that term is defined in s. 662.111, F.S. The authorized representative may designate a correspondent or legal representative to correspond with the Florida Office of Financial Regulation, Division of Financial Institutions ("Office") for the purpose of inquiries and requests for information regarding the application. The duty to ensure that all information provided in the application is complete, correct, and true, remains with the applicant's authorized representative.

All statutes, rules, and forms relating to family trust companies, licensed family trust companies, and foreign licensed family trust companies, are available at the Office's website: www.flofr.com.

Attach additional pages as necessary to complete the information required by this form, identifying the question(s) to which the additional pages pertain. Each application must be accompanied by the applicable nonrefundable filing fee (indicated below), made payable to the Florida Office of Financial Regulation.

Family Trust Companies	\$750.00
Licensed Family Trust Companies	\$1,500.00
Foreign Licensed Family Trust Companies	\$1,000.00

The annual license or registration renewal application form must be submitted to the Office within 45 days after the end of the calendar year. The annual license or registration renewal application will not be deemed to be filed until the applicant has provided all the information required by this form, along with the applicable filing fee. Upon completion of the application, submit the application, along with the applicable nonrefundable application fee to:

Director, Division of Financial Institutions
Office of Financial Regulation
200 East Gaines Street
Tallahassee, Florida 32399-0371

Org: 43843020300 Flair Object Code: 001051 EO: V1 Revenue Source Code: 211

1. Applicant Information

Family Trust Company Licensed Family Trust Company Foreign Licensed Family Trust Company

Company Name: _____

2. Street Address of Principal Place of Business or Operations (as applicable)

Address Line 1: _____

Address Line 2: _____

City: _____, Florida Postal Code: _____

Primary Phone Number: _____

Facsimile Number (if applicable): _____

Email (if applicable): _____

Website (if applicable): _____

3. Branch Location(s)

Address: _____

City: _____ State: _____ Postal Code: _____

Primary Phone Number: _____

Facsimile Number (if applicable): _____

4. Applicant's Authorized Representative

Name: _____

Title: _____

Mailing Address Line: _____

Mailing City: _____ Mailing State: _____ Postal Code: _____

Email Address: _____ Telephone Number: _____

Facsimile Number (if applicable): _____

5. Name and Street Address of Registered Agent in Florida

Has there been a change in the company’s registered agent since initial licensing or since the prior annual renewal?

Yes No

If the answer is “yes,” please provide the following information.

Name of Registered Agent: _____

Street Address Line 1: _____

Street Address Line 2: _____

City: _____, Florida Postal Code: _____

6. Deposit Account

Has the company changed depository institutions since initial licensing or since the prior annual renewal?

Yes No

If the answer if “yes,” please provide the following information regarding the state-chartered or nationally-chartered financial institution with a principal or branch office in this state, where the family trust company, licensed family trust company, or foreign licensed family trust company maintains its deposit account in accordance with s. 662.1225, F.S.

Name of the institution: _____

Address Line 1: _____

Address Line 2: _____

City: _____, Florida Postal Code: _____

7. Information Specific to Licensed Family Trust Companies

(a) Have there been any changes to the licensed family trust company’s operations, principal place of business, directors, officers, managers, members acting in a managerial capacity, or designated relatives since the end of the prior calendar year?

- Yes No

If the answer is “yes,” please describe the changes in detail. Attach additional sheets as necessary.

(b) Have there been any changes to the licensed family trust company’s fidelity bond since the end of the prior calendar year?

- Yes No

If the answer is “yes,” please attach copies of the current policy or declaration page for each fidelity bond procured and maintained for each director, officer, manager, member acting in a managerial capacity, and employee in accordance with s. 662.126, F.S. In the alternative, provide increased capital account amounts in accordance with s. 662.126, F.S. The capital account information provided in section 7(d) below must reflect the increased amount.

(c) Have there been any changes to the licensed family trust company’s errors and omissions insurance policy since the end of the prior calendar year?

- Yes No

If the answer is “yes,” please attach a copy of the current policy or declaration page for the errors and omissions insurance procured and maintained in accordance with s. 662.126, F.S.

(d) Have there been any changes in the licensed family trust company’s capital account since the end of the prior calendar year?

Yes No

If the answer is “yes,” please provide the following information regarding the capital account, which must meet the requirement of s. 662.124, F.S. List each asset comprising the capital account, asset value, and the percentage of the total value, which evidences the licensed family trust company’s compliance with capital account requirement pursuant to s. 662.124, F.S. Attach additional sheets as necessary.

Assets Comprising Capital Account ¹	Asset Value	% of Total
TOTAL ASSETS COMPRISING CAPITAL ACCOUNT		

¹ Assets comprising the capital account of the licensed family trust company 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.

8. Information Specific to Family Trust Companies

(a) Have there been any changes to the family trust company’s operations, principal place of business, directors, officers, managers, members acting in a managerial capacity, or designated relative since the end of the prior calendar year?

Yes No

If the answer is “yes,” please describe the changes in detail. Attach additional sheets as necessary.

(b) Have there been any changes in the family trust company’s capital account since the end of the prior calendar year?

Yes No

If the answer is “yes,” please provide the following information regarding the capital account, which must meet the requirement of s. 662.124, F.S. List each asset comprising the capital account, asset value, and the percentage of the total value, which evidences the family trust company’s compliance with capital account requirement pursuant to s. 662.124, F.S. Attach additional sheets as necessary.

Assets Comprising Capital Account ²	Asset Value	% of Total
TOTAL ASSETS COMPRISING CAPITAL ACCOUNT		

² Assets comprising the capital account of the family trust company 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.

9. Information Specific to Foreign Licensed Family Trust Companies

(a) Has the telephone number or the physical location of the foreign licensed family trust company’s principal place of business in its principal jurisdiction changed since the end of the prior calendar year?

Yes No

If the answer is “yes,” please provide the current telephone number and street address of the physical location of the foreign licensed family trust company’s principal place of business in its principal jurisdiction.

Street Address Line 1: _____

Street Address Line 2: _____

City: _____ State: _____ Postal Code: _____

Telephone Number: _____

(b) Has there been a change to the foreign licensed family company’s supervisory or regulatory authority in its principal jurisdiction, including telephone number and address, since the end of the prior calendar year?

Yes No

If the answer is “yes,” please provide the name, address, and telephone number of the foreign licensed family trust company’s supervisory or regulatory authority in its principal jurisdiction:

Name of Authority: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Postal Code: _____

Telephone Number: _____

(c) Attach a certified copy of a certificate of good standing, or an equivalent document, issued by the licensing official or agency in the foreign licensed family trust company’s principal jurisdiction, along with: (a) a description of the services the foreign licensed family trust company is authorized to provide in its principal jurisdiction and the services it provides; and (b) a description of the types of persons or entities to whom the foreign licensed family trust company is authorized to provide services in its principal jurisdiction and an identification of the types or persons or entities to whom the company is providing services in its principal jurisdiction.

(d) If the company’s articles of organization or articles of incorporation, or bylaws or operating agreement, have been amended and/or restated, please attach a copy of such amended and/or restated documents.

CERTIFICATION

I, the undersigned authorized representative of the

_____ Family Trust Company applicant named herein, hereby affirm, under penalty of perjury, that I am authorized to make this renewal application on behalf of the applicant named herein; that I have read the foregoing renewal application and all information submitted herewith is true, complete, and correct to the best of my knowledge and belief; that the company does not, has not, and will not provide services to the public; that the applicant’s operations are in compliance with ss. 662.1225, 662.123(1), 662.124, 662.125, 662.127, 662.131, and 662.134, F.S., and Chapter 896, F.S., or similar state or federal law, or related rule or regulation; and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested by this renewal application form may be deemed sufficient cause for the Office to refuse to renew the registration.

_____ Licensed Family Trust Company applicant named herein, hereby affirm, under penalty of perjury, that I am authorized to make this renewal application on behalf of the applicant named herein; that I have read the foregoing renewal application and all information submitted herewith is true, complete, and correct to the best of my knowledge and belief; that the company does not, has not, and will not provide services to the public; that the applicant has operated and is operating in full compliance with Chapter 662, F.S., Rule Chapter 69U-162, F.A.C., and Chapter 896, F.S., or similar state or federal law, or any related rule or regulation; and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested by this renewal application form may be deemed sufficient cause for the Office to refuse to renew the license.

_____ Foreign Licensed Family Trust Company applicant named herein, hereby affirm, under penalty of perjury, that I am authorized to make this renewal application on behalf of the applicant named herein; that I have read the foregoing renewal application and all information submitted herewith is true, complete, and correct to the best of my knowledge and belief; that the company does not, has not, and will not provide services to the public; that the applicant’s operations are in compliance with ss. 662.1225, 662.125, 662.131, and 662.134, F.S., and in compliance with the family trust company laws and regulations of the applicant’s principal jurisdiction; and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested by this renewal application form may be deemed sufficient cause for the Office to refuse to renew the registration.

Signature of Authorized Representative: _____

Name of Authorized Representative: _____

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, _____, by _____, who is personally known to me or who produced _____ as identification.

Notary Public Signature

NOTARY SEAL: