



# Office of the State Bank Commissioner

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**APPLICATION TO CONVERT TO A  
KANSAS STATE-CHARTERED BANK  
Pursuant to K.S.A. 9-808**

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Name of Applicant

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Applicant Address, City, State, and Zip Code

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Name, Title, Telephone Number, and E-Mail Address  
of Person to Contact Regarding This Application

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Address of Person Listed Above, if Different From Applicant Address

An original application should be submitted to:

State Bank Commissioner  
Office of the State Bank Commissioner  
700 S.W. Jackson Street, Suite 300  
Topeka, Kansas 66603-3796

The application is available to members of the public, subject to limitations imposed by federal or state statutes. If the applicant is of the opinion that disclosure of commercial or financial information would likely result in substantial harm to the competitive position of the trust company or bank, or that disclosure of information of a personal nature would result in a clearly unwarranted invasion of personal privacy, confidential treatment of such information may be requested. Information for which confidential treatment is requested should be (1) specifically identified in the public portion of the application (by reference to the confidential section), (2) separately bound, and (3) labeled "Confidential."

Pursuant to K.S.A. 9-808 national banks, federal savings banks and federal savings associations may convert to a state bank. In determining action on a conversion application the commissioner will consider the condition of the institution, including compliance with regulatory capital requirements, and conformance with statutory criteria.

A conversion examination by the OSBC may be conducted in order to obtain relevant information about the condition of the institution. Management will be contacted concerning this matter.

Please submit the following information with regard to the proposed acquisition. Separate pages should be used when appropriate. The State Bank Commissioner may require additional information, if deemed necessary.

1. A certified excerpt from the meeting of the board of directors setting forth a resolution authorizing the filing of the application.
2. A transcript of the minutes of the stockholders meeting which shows that at least two-thirds of the stockholders voted to approve the conversion
3. A draft copy of the Articles of Incorporation of the state bank that will be filed with the Kansas Secretary of State's office.
4. The name of the bank after conversion. *The name selected shall not be the name of any other bank or branch bank (a) doing business in the same city or town; or (b) within a 15-mile radius of the proposed location. In addition, State and Federal trademark or service mark issues pertaining to the proposed name should be researched.*
5. A copy of the most recent daily statement showing details of the institution's capital accounts. Pursuant to K.S.A. 9-901(f) a minimum capital ratio of 5% of equity capital to total assets is required at the time of conversion. The commissioner may require the bank have capital in excess of the minimum capital ratio.
6. A list of the current officers and directors of the institution, along with current biographical and financial information. Attach a complete and current (within 90 days) Biographical and Financial Report. The form to be used is attached.
7. Information regarding any changes in officers or directors expected due to the charter conversion.
8. A list of current stockholders. If the institution is owned by a holding company, include a holding company stockholder's list. Include the amount and terms of any stock debt currently held by individuals or the holding company and any dividends paid by the institution to service such debt. Also, include a copy of the last quarterly balance sheet of the holding company.
9. If the institution is currently exercising trust powers, submit the most recent data on trust assets in the format of Call Report Schedule RC-T – Fiduciary and Related Services.
10. Changes to be made in operations, strategy, market area, funding, loan composition, lines of business, products, or services due to the charter conversion.
11. A list of permissible subsidiaries, including operating and financial subsidiaries, to be retained and the nature of their business (including insurance agencies).
12. A list of: 1) existing branches that will continue to operate after the conversion, including the popular name and complete address; 2) branches approved, but unopened, 3) the addresses of

any loan production offices and deposit production offices.

13. A statement as to whether total premises and fixed assets comply with applicable statutory limits. If current premises and fixed assets equal more than 50% of the bank's capital accounts as defined, a letter requesting permission to exceed the 50% limit must be submitted to the State Bank Commissioner. The letter should also explain how compliance with K.S.A. 9-1102(e) will be achieved.
14. A statement as to whether bank owned life insurance policies comply with applicable statutory limits. The cash surrender value of policies underwritten by any one life insurance company cannot exceed 15% of capital stock, surplus, undivided profits, ALLL, capital notes and debentures and reserves for contingencies. The cash surrender value of policies, in the aggregate from all companies cannot exceed 25% of capital stock, surplus, undivided profits, ALLL, capital notes and debentures and reserves for contingencies. Permission to exceed the limits may be requested pursuant to K.S.A. 9-1101(20).
15. Discussion of any plans to sell or merge the institution within the next twelve months.
16. Discussion of any material changes to be made in the bank's compliance and community reinvestment act procedures.
17. If approved for conversion, will the bank be a Federal Reserve Member Bank and member of the Federal Home Loan Bank?  
  
When converting from an insured federally chartered institution, it is not necessary to reapply for FDIC insurance. A Federal Reserve Bank (FRB) filing is necessary for FRB membership. Additionally, when a federal savings bank or thrift owned by a thrift holding company plans to convert to a state bank, an FRB filing is necessary for the thrift holding company to become a bank holding company.
18. The Dodd-Frank Act requires any institution seeking a charter conversion to send a copy of the application to its current regulator at the same time the application is filed. Indicate whether the appropriate notice/filing has been made with the Office of the Comptroller of the Currency (OCC) and the date the notice/filing was made. A copy of the application should be sent to the Licensing Department of the OCC Western District Office.
19. A brief statement detailing why the charter conversion is requested.
20. Additional information, as deemed necessary.

In support of this application, applicant has hereby made the aforementioned statements and representations, and submits this information, based upon the factors as outlined for the purpose of inducing the State Bank Commissioner of the State of Kansas to approve the application for the previously listed Kansas bank.

Applicant hereby authorizes the State Bank Commissioner of the State of Kansas to conduct any investigation, examination or review of the condition of the applicant, its affiliates, or the bank and to provide any other material as requested by the State Bank Commissioner.

ATTESTATION

Applicant affirms that the information contained in this application has been prepared at the direction of the Board of Directors and that it is accurate and complete to the Applicant's best knowledge and belief.

\_\_\_\_\_  
(Applicant)

By \_\_\_\_\_  
(Authorized Officer)

Title \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
(Corporate Secretary)

Questions should be directed to:  
Tanner Howard, Applications and Statistics Manager  
Office of the State Bank Commissioner  
700 SW Jackson Street, Suite 300  
Topeka, Kansas 66603-3714  
785-379-3870

**STATE OF KANSAS  
OFFICE OF THE STATE BANK COMMISSIONER**

**DIRECTOR/OFFICER QUESTIONNAIRE  
(Confidential)**

**ONE FORM SHOULD BE COMPLETED FOR EACH SENIOR OFFICER OR DIRECTOR**

**POSITION:**

DIRECTOR

SENIOR OFFICER

Please print or type answers and use separate sheets or additional copies of this form, if necessary.

NAME		DATE OF BIRTH	
ADDRESS(STREET, CITY, STATE, ZIP)			
NUMBER OF YEARS A RESIDENT OF THIS COMMUNITY			
<b>EMPLOYMENT – List employment in chronological order for the last five years.</b>			
NAME OF COMPANY - Include nature of the business	LOCATION – City and State	TITLE – Include Nature of Duties	NO. OF YEARS EMPLOYED
			From                      To  Reason for Leaving
			From                      To  Reason for Leaving
			From                      To  Reason for Leaving
<b>EDUCATION – List each diploma or degree from high schools, colleges, universities, or other schools.</b>			
SCHOOL'S NAME AND LOCATION	DEGREE	YEARS ATTENDED	
		From                      To	
		From                      To	
		From                      To	

**PROFESSIONAL CREDENTIALS - List each professional license or similar certificate you now hold or have held (for example, attorney, physician, CPD, NASD or SEC registration)**

LICENSE / ISSUING AUTHORITY	DATE ISSUED / EXPIRATION	STATUS

Have you or any company with which you are or were associated been arrested for, charged with, indicted for, or convicted of (including a conviction where the record was expunged), or ever pleaded nolo contendere to, any criminal matter (other than minor traffic violations)?

Yes \_\_\_\_\_

No \_\_\_\_\_

If you answer "yes", describe the situation in detail.

LIST CIVIC ORGANIZATION AND/OR ACTIVITIES IN WHICH YOU PARTICIPATE

NUMBER OF BANK OR HOLDING COMPANY SHARES OWNED

**OFFICERS ONLY**

DATE EMPLOYED BY THE BANK	DATE PROMOTED TO PRESENT POSITION	CURRENT ANNUAL SALARY LAST YEAR'S BONUS

DESCRIBE PRINCIPAL DUTIES

MISCELLANEOUS COMMENTS

**DIRECTORS ONLY: COMPLETE THE ATTACHED FINANCIAL REPORT**

DATE ELECTED TO THE BOARD	NUMBER OF BANK OR HOLDING COMPANY SHARES OWNED

IN WHAT SPECIFIC AREAS DO YOU BELIEVE YOUR PARTICIPATION AS A DIRECTOR BENEFITS THIS BANK?

MISCELLANEOUS COMMENTS

**FINANCIAL REPORT  
(Confidential)**

FINANCIAL STATEMENT AS OF \_\_\_\_\_

<b>ASSETS</b>		<b>LILABILITIES AND NET WORTH</b>	
Cash on hand and in depository institutions		Accounts payable	
Marketable securities (Schedule A)		Notes payable and other loans	
Notes receivable		Real estate mortgages (Schedule B)	
Real estate (Schedule B)		Other liabilities	
Proprietary interests and other securities (Schedule C)		<b>TOTAL LIABILITIES</b>	
Retirement funds and other assets		Net Worth (total assets less total liabilities)	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES AND NET WORTH</b>	

Date Signed \_\_\_\_\_

Signature \_\_\_\_\_

Print or type name Print or Type name \_\_\_\_\_

**Schedule A - Marketable Securities**

List all debt and equity securities listed on an exchange or otherwise regularly traded in an open market. Securities of closely held corporations should be listed on Schedule C - Proprietary Interests. Small holdings (no more than 10% of marketable securities) may be aggregated and shown as "other".

Description	Market Value
	\$
TOTAL	\$

**Schedule B - Real Estate and Related Loans**

List all real estate in which you hold a beneficial interest.

Description and Location (City and State)	Percent Ownership	Current Market Value*	Current Balance**
TOTAL			

\*Carry total forward to Assets – Real Estate

\*\*Carry total forward to Liabilities – Real Estate Mortgages

**Schedule C - Proprietary Interests and Other Securities**

List all companies, the shares of which are not listed on a securities exchange or otherwise regularly traded, in which you hold a beneficial interest.

Name and Address of Company / Nature of Business	Percent Ownership	Current Value
TOTAL		