

REPORTS OF CONDITION
SCHEDULE I
BALANCE SHEET
FINANCIAL SERVICES LOAN COMPANY LICENSEE

Name of Licensee

As at the Close of Business

Business Address

Date Licensee Began Business

ASSETS

- | | | |
|---|-------|-------|
| 1. Gross loans and leases (Schedule "A")..... | _____ | |
| 2. LESS: (a) Unearned interest on loan..... | _____ | |
| (b) Reserve for possible loan losses (Schedule B)..... | _____ | |
| 3. Net loans and leases..... | | _____ |
| 4. Securities over one year..... | | _____ |
| 5. Subtotal..... | | _____ |
| 6. Interest-bearing deposit balances..... | | _____ |
| 7. Securities 1 year and less..... | | _____ |
| 8. Temporary Investments..... | | _____ |
| 9. TOTAL EARNING ASSETS..... | | _____ |
| 10. Cash and non-interest bearing deposit balances..... | | _____ |
| 11. Office premises (Less Depreciation \$ _____)..... | | _____ |
| 12. Furniture, fixtures and equipment (Less Depreciation \$ _____)..... | | _____ |
| 13. Other real estate owned..... | | _____ |
| 14. Investments in unconsolidated subsidiaries (Itemize)..... | | _____ |
| 15. Intangible assets..... | | _____ |
| 16. Other assets (Schedule C)..... | | _____ |
| 17. TOTAL ASSETS..... | | _____ |

LIABILITIES

- | | | |
|--|-------|-------|
| 18. Bank and other lending institution borrowings..... | | _____ |
| 19. Borrowings from parent company..... | | _____ |
| 20. Other borrowings..... | | _____ |
| (a) Notes payable to officers and directors..... | _____ | |
| (b) Notes payable to others..... | _____ | |
| 21. Other liabilities (Schedule D)..... | | _____ |
| 22. TOTAL LIABILITIES..... | | _____ |
| 23. Mortgage and capitalized leases..... | | _____ |
| 24. TOTAL LIABILITIES AND DEBT..... | | _____ |

Name of Licensee _____
Six Months (January 1 to June 30) 20 ____
Calendar Year (January 1 to December 31) 20 ____

SCHEDULE II
STATEMENT OF INCOME AND EXPENSE

1.	Interest and fee income		
	(a) Interest income on loans.....	_____	
	(b) Fee income.....	_____	
	(c) Income from lease financing.....	_____	
	(d) Interest income on balances due from depository institutions.....	_____	
	(e) Interest and dividends from securities.....	_____	
2.	Total interest income		_____
3.	Interest expense		
	(a) Interest on borrowed money.....	_____	
	(b) Interest on mortgages and capitalized leases.....	_____	
4.	Total interest expense		_____
5.	NET INTEREST INCOME		_____
6.	Non-interest income		
	(a) Insurance commissions.....	_____	
	(b) Net gains from sale of assets.....	_____	
	(c) Other service charges and fees.....	_____	
	(d) Other operating income.....	_____	
7.	Total non-interest income.....		_____
8.	Overhead expenses		
	(a) Salaries (Officers \$ _____; Employees \$ _____)	_____	
	(b) Employee benefits.....	_____	
	(c) Office occupancy expenses.....	_____	
	(d) Other operating expenses (Schedule E).....	_____	
9.	Total overhead expenses.....		_____
10.	Provision for loan and lease losses.....		_____
11.	Net operating income (Pre-tax).....		_____
12.	Applicable income taxes.....		_____
13.	Net operating income (After-tax).....		_____
14.	Extraordinary credits (charges), Net of tax effect.....		_____
15.	NET INCOME.....		=====

Name of Licensee
Six Months (January 1 to June 30) 20 ____
Calendar Year (January 1 to December 31) 20 ____

SCHEDULE III
RETAINED EARNINGS

1.	Balance of retained earnings at the beginning of period.....		_____
2.	Additions:		
	(a) Net income (From Schedule II, Line 15).....	_____	
	(b) Other additions (Itemize).....	_____	

3.	Total additions.....		_____
4.	Deductions:		
	(a) Dividends paid.....	_____	
	(b) Other deductions (Itemize).....	_____	

5.	Total deductions.....		_____
6.	Balance of retained earnings at end of period.....		_____

Name of Licensee _____
 Six Months (January 1 to June 30) 20 ____
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SCHEDULE A
SUMMARY OF LOAN PORTFOLIO

<u>DISTRIBUTION OF LOANS BY TYPE</u>	<u>AMOUNT</u>
1. Real estate loans	_____
2. Commercial/Industrial loans	
(a) Business loans secured (other than by real estate) or unsecured..	_____
(b) Dealer flooring.....	_____
Total commercial/industrial loans.....	_____
3. Consumer loans	
(a) Loans to individuals for household, family and other personal expenditures.....	_____
(b) Retail installment sales contracts.....	_____
Total consumer loans.....	_____
4. All other loans.....	_____
5. Lease financing receivables (Net of unearned income).....	_____
6. GROSS LOANS AND LEASES.....	_____
7. Memo Item: Loans, installment sales contracts, and leases originated and sold in the six-month period ending with the date of this report.....	_____

Name of Licensee
Six Months (January 1 to June 30) 20 ____
Calendar Year (January 1 to December 31) 20 ____

SCHEDULE B
ANALYSIS OF RESERVE FOR POSSIBLE LOAN LOSSES

		<u>AMOUNT</u>
1.	Beginning balance: December 31, 20 ____	_____
2.	Addition:	
	(a) Provision for loan and lease losses.....	_____
	(b) Recoveries for the period.....	_____
	(c) Other increases.....	_____
3.	Total addition.....	_____
4.	Deduction:	
	(a) Charge-offs for the period.....	_____
	(b) Other decreases.....	_____
5.	Total deduction.....	_____
6.	Ending balance (Must agree with Schedule I, Line 2(b)).....	_____

Name of Licensee
Six Months (January 1 to June 30) 20 ____
Calendar Year (January 1 to December 31) 20 ____

SCHEDULE C
OTHER ASSETS

	<u>AMOUNT</u>
1. Accounts receivable.....	_____
2. Judgements and repossessions.....	_____
3. Prepaid expense.....	_____
4. Deposits.....	_____
5. License.....	_____
6. Cash value life insurance.....	_____
7. Accrued Interest Receivable.....	_____
8. Interest earned, not collected on loans.....	_____
9. Net deferred income taxes.....	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
 TOTAL OTHER ASSETS (Schedule I, Line 16).....	 _____

Name of Licensee _____
Six Months (January 1 to June 30) 20 ____
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SCHEDULE E
OTHER OPERATING EXPENSES

	<u>AMOUNT</u>
1. Professional services.....	_____
2. Bank examiner's fees.....	_____
3. Insurance.....	_____
4. Credit and collection expenses.....	_____
5. Data processing services.....	_____
6. Travel and entertainment.....	_____
7. Dues and subscriptions.....	_____
8. Directors' fees.....	_____
9. Donations.....	_____
10. Net losses from the sales of assets.....	_____
11. All other (Itemize).....	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. Total other operating expenses (Schedule II, Line 8(d)).....	_____

Name of Licensee
Six Months (January 1 to June 30) 20 ____
Calendar Year (January 1 to December 31) 20 ____

VERIFICATION STATEMENT
(Read Carefully Before Signing)

This report shall be signed by an officer authorized by the institution's board of directors to sign the report.

STATE OF HAWAII)
) SS.
_____)

The undersigned, first being duly sworn, each deposes and says: That he (she) has read the foregoing and attached report of condition, including the accompanying schedules and statements (if any), and that to the best of his(her) belief and knowledge, the assets are set forth therein at their true value, all known liabilities including accrued and contingent liabilities are set forth therein, provision has been made for all known or probable losses by writing same off or setting up special reserves therefore, no information has been withheld and all information requested by this report has been given, and all other matters therein set forth are correctly stated.

Signature

Title

Subscribed and sworn to before me this
_____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____