INTERIM EMERGENCY BOARD

Wednesday, June 14, 2023 9:45 a.m. Senate Committee Room E Louisiana State Capitol

MEETING MINUTES

A public meeting of the Interim Emergency Board was held at the State Capitol in Senate Committee Room E on June 14, 2023, at 9:45 a.m.

ITEM NO. 1

Sen. Page Cortez, board chair, called the meeting to order at 9:47 a.m., and asked that the secretary call the roll.

Present:

- Sen. Page Cortez, President of the Senate and IEB Chairman
- Rep. Clay Schexnayder, Speaker of the House of Representatives and IEB Vice Chair
- Rep. Jerome Zeringue, Chairman of the House Appropriations Committee
- Mr. Jay Dardenne, Commissioner of Administration
- Ms. Lindsay Schexnayder, designee of State Treasurer John Schroder

Absent:

- Sen. Barry Milligan, designee of Sen. Bodi White, Chairman of the Senate Finance Committee
- Lt. Governor Billy Nungesser

ITEM NO. 2

Rep. Schexnayder motioned for approval of the minutes of the February 16, 2022, meeting as presented to the board; second by Ms. Schexnayder. The motion passed without objection.

ITEM NO. 3

President Cortez asked Ms. Lindsay Schexnayder to introduce Item 3, which was a request for IEB approval of state depository/fiscal agents for the upcoming four-year period. Ms. Schexnayder stated that the current list of authorized state depository/fiscal agents would expire on June 30, 2023, and the following 81 financial institutions had applied for the four-year period July 1, 2023 – June 30, 2027:

- 1. American Bank, Covington
- 2. b1BANK, Baton Rouge

- 3. Bank of Abbeville & Trust, Abbeville
- 4. Bank of Commerce & Trust Co., Crowley
- 5. Bank of Erath, Erath
- 6. Bank of Zachary, Zachary
- 7. BankPlus, Ridgeland, MS
- 8. Beauregard Federal Savings Bank, DeRidder
- 9. BOM Bank, Natchitoches
- 10. Caldwell Bank & Trust, Columbia
- 11. Capital One, N.A., Mandeville
- 12. Citizens Bank & Trust Co., Covington
- 13. Citizens Bank & Trust Company, Plaguemine
- 14. Citizens Bank & Trust Company of Vivian, LA, Oil City
- 15. Citizens National Bank, N.A., Bossier City
- 16. Citizens Progressive Bank, Columbia
- 17. Citizens Savings Bank, Bogalusa
- 18. City Bank & Trust Company, Natchitoches
- 19. Colfax Banking Company, Colfax
- 20. Community Bank of Louisiana, Mansfield
- 21. Community First Bank, New Iberia
- 22. Concordia Bank & Trust Co., Vidalia
- 23. Cottonport Bank, Cottonport
- 24. Cross Keys Bank, Saint Joseph
- 25. Delta Bank, Vidalia
- 26. Eureka Homestead, Metairie
- 27. Farmers Merchants Bank & Trust Company, Breaux Bridge
- 28. Farmers State Bank & Trust Co., Church Point
- 29. Feliciana Bank & Trust Company, Clinton
- 30. First American Bank and Trust, Vacherie
- 31. First Federal Bank of Louisiana, Lake Charles
- 32. First Guaranty Bank, Hammond
- 33. First Horizon Bank, Memphis, TN
- 34. First National Bank of Louisiana, Crowley
- First National Bank USA, Boutte
- 36. Franklin State Bank & Trust Co., Winnsboro
- 37. Gibsland Bank & Trust Co., Gibsland
- 38. Guaranty Bank & Trust Company of Delhi, Delhi
- 39. Gulf Coast Bank, Abbeville
- 40. Gulf Coast Bank & Trust Company, New Orleans
- 41. Hancock Whitney Bank, Gulfport, MS
- 42. Home Bank, National Association, Lafayette
- 43. Investar Bank, Baton Rouge
- 44. J.P.Morgan Chase Bank, N.A., New Orleans
- 45. Jonesboro State Bank, Jonesboro
- 46. La Capitol Federal Credit Union, Baton Rouge
- 47. Landmark Bank, Clinton
- 48. Louisiana Corporate Credit Union, Metairie
- 49. Louisiana National Bank, Ruston

- 50. M C Bank & Trust Co., Morgan City
- 51. Marion State Bank, Marion
- 52. Metairie Bank & Trust, Metairie
- 53. Origin Bank, Ruston
- 54. Patterson State Bank, Patterson
- 55. Peoples Bank, Chatham
- 56. Progressive Bank, Monroe
- 57. Progressive National Bank, Mansfield
- 58. Rayne Building & Loan Association, Rayne
- 59. Red River Bank, Alexandria
- 60. Regions Bank, New Orleans
- 61. Sabine State Bank and Trust Company, Many
- 62. Sicily Island State Bank, Sicily Island
- 63. South Lafourche Bank & Trust, Larose
- 64. South Louisiana Bank, Houma
- 65. Southern Heritage Bank, Jena
- 66. St. Landry Bank & Trust Co., Opelousas
- 67. State Bank & Trust Company, Golden Meadow
- 68. Synergy Bank, Houma
- 69. Tensas State Bank, Newellton
- 70. The Bank, Jennings
- 71. The Bank of Commerce, White Castle
- 72. The Bank of New York Mellon Trust Company, N.A., Los Angeles, CA
- 73. The Evangeline Bank & Trust Company, Ville Platte
- 74. The First Bank, Hattiesburg, MS
- 75. The Mer Rouge State Bank, Mer Rouge
- 76. U.S. Bank National Association, Minneapolis, MN
- 77. United Community Bank, Raceland
- 78. United Mississippi Bank, Natchez, MS
- 79. Washington State Bank, Washington
- 80. Winnsboro State Bank & Trust Co., Winnsboro
- 81. Wymar Federal Credit Union, Geismar

She explained that the State Treasurer's Office had reviewed the applications, financial information, ratios, and holdings for each of the 81 financial institutions; found all to be satisfactory; and was recommending all 81 for approval by the board. Commissioner Dardenne motioned for approval; Speaker Schexnayder seconded. The motion passed without objection.

With no further business to discuss, Speaker Schexnayder moved to adjourn. The motion passed without objection and the meeting was adjourned at 9:49 a.m.

Respectfully submitted,

Sue Israel, Secretary

Attachments: State Depository/Fiscal Agent documentation for Item No. 3.

Link to video of this meeting:

https://senate.la.gov/s_video/VideoArchivePlayer?v=senate/2023/06/061423IEB



JOHN M. SCHRODER

LOUISIANA STATE TREASURER

(225) 342-0010 www.latreasury.com P.O. Box 44154 Baton Rouge, LA 70804

June 12, 2023

Ms. Sue Israel, Secretary Interim Emergency Board Post Office Box 94095 Baton Rouge, LA 70804-9095

Dear Ms. Israel:

We have reviewed 81 applications submitted by various banks, holding companies, and credit unions for designation as a state depository/fiscal agent for the period July 1, 2023 to June 30, 2027.

After performing an analysis of key financial ratios for each institution, we recommend approval by the Interim Emergency Board pursuant to LRS 49:317 and 49:320. A list of these institutions is attached.

If we can be of further assistance, please call me at 342-0055 at your convenience.

Sincerely,

Nancy Keaton

First Assistant Treasurer

NK:bm

Enclosure

cc: John Broussard Lindsay Schexnayder Brent E. Manuel

<u>#</u>	Bank	State	City
1	American Bank	La	Covington
2	b1BANK	La	Baton Rouge
3	Bank of Abbeville & Trust Company	La	Abbeville
4	Bank of Commerce & Trust Co.	La	Crowley
5	Bank of Erath	La	Erath
6	Bank of Zachary	La	Zachary
7	BankPlus, Ridgeland MS	Ms	Ridgeland
8	Beauregard Federal Savings Bank	La	Deridder
9	BOM Bank	La	Natchitoches
10	Caldwell Bank & Trust	La	Columbia
11	Capital One	La	Mandeville
12	Citizens Bank & Trust Co	La	Covington
13	Citizens Bank & Trust Company, Plaquemine	La	Plaquemine
14	Citizens Bank & Trust Company of Vivian, La	La	Vivian
15	Citizens National Bank	La	Bossier City
16	Citizens Progressive Bank	La	Columbia
17	Citizens Savings Bank	La	Bogalusa
18	City Bank & Trust Company	La	Natchitoches
19	Colfax Banking Company	La	Colfax
20	Community Bank of Louisiana	La	Mansfield
21	Community First Bank	La	New Iberia
22	Concordia Bank & Trust Company	La	Vidalia
23	Cottonport Bank	La	Cottonport
24	Cross Keys Bank	La	Saint Joseph
25	Delta Bank	La	Vidalia
26	Eureka Homestead	La	Metairie
27	Farmers Merchants Bank & Trust Co	La	Breaux Bridge
28	Farmers State Bank & Trust Co	La	Church Point
29	Feliciana Bank & Trust Company	La	Clinton
30	First American Bank and Trust	La	Vacherie
31	First Federal Savings Bank of LA	La	Lake Charles
32	First Guaranty Bank	La	Hammond
33	First Horizon Bank	Tn	Memphis
34	First National Bank of LA	La	Crowley
35	First National Bank USA	La	Boutte
36	Franklin State Bank & Trust	La	Winnsboro
37	Gibsland Bank & Trust	La	Gibsland
38	Guaranty Bank & Trust Co. of Delhi	La	Delhi
39	Gulf Coast Bank	La	Abbeville
40	Gulf Coast Bank & Trust Co.	La	New Orleans
41	Hancock Whitney Bank	Ms	Gulfport
42	Home Bank, National Association	La	Lafayette
43	Investar Bank	La	Baton Rouge
44	J.P.Morgan Chase Bank N.A.	La	New Orleans

ŧ	Bank	State	City
15	Jonesboro State Bank	La	Jonesboro
16	La Capitol FCU	La	Baton Rouge
17	Landmark Bank	La	Clinton
18	Louisiana Corporate Credit Union	La	Metairie
19	Louisiana National Bank	La	Ruston
50	M C Bank & Trust Co.	La	Morgan City
51	Marion State Bank	La	Marion
52	Metairie Bank and Trust	La	Metairie
53	Origin Bank	La	Ruston
54	Patterson State Bank	La	Patterson
55	Peoples Bank	La	Chatham
56	Progressive Bank, Monroe	La	Monroe
57	Progressive National Bank	La	Mansfield
58	Rayne Building & Loan Assn.	La	Rayne
59	Red River Bank	La	Alexandria
50	Regions Bank	La	New Orleans
51	Sabine State Bank and Trust Company	La	Many
52	Sicily Island State Bank	La	Sicily Island
53	South Lafourche Bank & Trust Co.	La	Larose
54	South Louisiana Bank	La	Houma
55	Southern Heritage Bank	La	Jena
66	St. Landry Bank and Trust Co.	La	Opelousas
57	State Bank & Trust Company	La	Golden Meadow
58	Synergy Bank	La	Houma
59	Tensas State Bank	La	Newellton
70	The Bank	La	Jennings
71	The Bank of Commerce	La	White Castle
72	The Bank of New York Mellon Trust Company, N.A.	Ca	Los Angeles
73	The Evangeline Bank and Trust Company	La	Ville Platte
74	The First Bank, Hattiesburg MS	Ms	Hattiesburg
75	The Mer Rouge Bank	La	Mer Rouge
76	U.S. Bank National Association	Mn	Minneapolis
77	United Community Bank	La	Raceland
78	United Mississippi Bank	Ms	Natchez
79	Washington State Bank	La	Washington
30	Winnsboro State Bank	La	Winnsboro
31	Wymar FCU	La	Geismar

Name of Financial Institution: Ame	erican Bank
Mailing address: 1819 North	
City, State, Zip Code:COVINGTO	

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

985-898-0206

Area Code and Telephone Number

Todd Rauch, SVP/CFO

4/25/2023

Name and Title of Officer

Date of Application

todd.rauch@americanbankusa.com

Email Address

Send the completed application form along with the required documentation via emall to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial	Institution: DIBANK	
Mailing address:	500 Laurel Street, Suite 600	
	Baton Rouge, LA, 70781	

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

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Signature of Authorized Officer

225-228-1129

Area Code and Telephone Number

Scott Padurean, Chief Accounting Officer

4/21/2023

Name and Title of Officer

Date of Application

scott.padurean@b1bank.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financia	Institution: Bank of Abbeville & Trust Company
Mailing address:	123 Concord Street, PO Box 340
	Abbeville, LA 70511

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

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The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

337-893-0257

Area Code and Telephone Number

Michael P. Broussard, Jr.

04/24/2023

Name and Title of Officer

Date of Application

mikejr@bankofabbeville.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution: Bank of Commerce & Trust Co.

Mailing address: P.O. Box 246

Crowley, LA 70527-0246

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The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

337-785-3321

Area Code and Telephone Number

04-18-2023

Dale of Application

President & CEO

Name and Title of Officer

ttrahan@bankofcommerceandtrust.com

Email Address

Send the completed application form along with the required documentation via email to leb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Ins	titution: Bank of Erath
Mailing address: P.	O.Drawer B
	Erath, LA 70533

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

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For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

337-893-3761

Area Code and Telephone Number

Robert B. Johnson, CEO/President

5/2/2023

Name and Title of Officer

Date of Application

rjohnson@bankoferath.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution: Bank of Zacha	ry
Mailing address: 4743 Main st	
city, State, Zip Code: Zachary, LA 70791	
The above named financial institution does hereby make app designation as a State Depository/Fiscal Agent under the pro of the Louisiana Revised Statutes of 1950. Said designation s Emergency Board and shall expire on a date determined by tof the Treasury recommends the revocation of said designation.	visions of Sections 317 and 320 of Title 49 shall take effect upon approval of the Interim the Board unless the Louisiana Department
The undersigned agrees that the above named financial institu	ition shall:
(a) Maintain deposit insurance through the Federal Depo Credit Union Administration or their successors and sl immediately, in writing, if such deposit insurance is to be	nall notify the Department of the Treasury
(b) Maintain collateral for any funds on deposit by any state 319 of Title 49 of the Louisiana Revised Statutes of amount insured by the Federal Deposit Insurance of Administration by the pledge of securities in the manner	1950) which shall exceed at any time the Corporation or the National Credit Union
Attached to and as a part of this official application is the follow For Banks and Savings and Loan Associations: Council (FFIEC) Consolidated Report of Condition a Schedule RI - Income Statement, Schedule RC - Regulatory Capital, as of December 31 for the preceding For Credit Unions: National Credit Union Association Page, Statement of Financial Condition, PCA Net Worth Calculation Worksheet, as of December 1975.	Federal Financial Institution Examination and Income (Call Report) Signature Page, Balance Sheet, and Schedule RC-R - ng two years. Station (NCUA) Form 5300 (Call Report) Statement of Income and Expense, and
The undersigned does hereby declare that this application and belief and that the above named institution agrees to prescribed above.	is true to the best of his/her knowledge comply with the conditions and statutes
Was & Manning	225-654-2701
Signature of Authorized Officer	Area Code and Telephone Number
MARK S. MARWINGTONS PRESIDENT/COO	5-3-2023
Name and Title of Officer	Date of Application
mm@bankofzachary.com Email Address	

Send the completed application form along with the required documentation via email to tebation, or you can mail the original application and required documentation to:

Name of Financ	BankPlus
Mailing address	1068 Highland Colony Pkwy
	Ridgeland, MS 39157
designation as a of the Louisiana f Emergency Boar	d financial institution does hereby make application to the Interim Emergency Board fo State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 Revised Statutes of 1950. Said designation shall take effect upon approval of the Interimal dand shall expire on a date determined by the Board unless the Louisiana Department of the revocation of said designation prior to that date.

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For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Lou W Sanders	601.898.4995	
Signature of Authorized Officer	Area Code and Telephone Number	
Lori W Sanders, Director of Treasury Management	4/21/23	
Name and Title of Officer	Date of Application	
lorisanders@bankplus.net		

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Interim Emergency Board Post Office Box 94095 Baton Rouge, Louisiana 70804-9095

Email Address

Nar	ne of Financial Institution: BEAUREGARD FEDERAL SAVINGS BANK
Mai	ling address: P.O. BOX 70
	, State, Zip Code: DERIDDER, LA 70634
des of th Eme	above named financial institution does hereby make application to the Interim Emergency Board for ignation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 be Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interimergency Board and shall expire on a date determined by the Board unless the Louisiana Department are Treasury recommends the revocation of said designation prior to that date.
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The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer	337-463-6981
Signature of Authorized Officer	Area Code and Telephone Number
Secretary-Treasurer	April 24, 2023
Name and Title of Officer	Date of Application
tcrain.bfsb@outlook.com	

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Ins	stitution: BOM Bank	
Mailing address: 81	14 Washington St.	
	Natchitoches, LA 71457	
- 199-2010 11 21 11 11 11 11 11		

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For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

318-238-2330

Area Code and Telephone Number

Mary Bullock, COO/CFO/SVP

4/17/2023

Date of Application

Name and Title of Officer

mbullock@bankmontgomery.com

Email Address

Send the completed application form along with the required documentation via email to leb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution: Caldwell Bank	& Trust Co
Mailing address: P O Box 1749 202 M	iaiii Street
city, State, Zip Code: Columbia, LA 714	18
The above named financial institution does hereby make and designation as a State Depository/Fiscal Agent under the profithe Louisiana Revised Statutes of 1950. Said designation Emergency Board and shall expire on a date determined by of the Treasury recommends the revocation of said designation	rovisions of Sections 317 and 320 of Title 49 shall take effect upon approval of the Interim the Board unless the Louisiana Department
The undersigned agrees that the above named financial insti	itution shall:
(a) Maintain deposit insurance through the Federal Dep Credit Union Administration or their successors and immediately, in writing, if such deposit insurance is to be	shall notify the Department of the Treasury
(b) Maintain collateral for any funds on deposit by any star 319 of Title 49 of the Louisiana Revised Statutes of amount insured by the Federal Deposit Insurance Administration by the pledge of securities in the manne	f 1950) which shall exceed at any time the
Attached to and as a part of this official application is the folic For Banks and Savings and Loan Associations Council (FFIEC) Consolidated Report of Condition Schedule RI - Income Statement, Schedule RC Regulatory Capital, as of December 31 for the prece- For Credit Unions: National Credit Union Ass Certification Page, Statement of Financial Condition PCA Net Worth Calculation Worksheet, as of Decem	s: Federal Financial Institution Examination and Income (Call Report) Signature Page, - Balance Sheet, and Schedule RC-R - ding two years. ociation (NCUA) Form 5300 (Call Report) on, Statement of Income and Expense and
The undersigned does hereby declare that this application and belief and that the above named institution agrees to prescribed above.	on is true to the best of his/her knowledge o comply with the conditions and statutes
Signature of Authorized Wificer	3 8 - 649 - 235 Area Code and Telephone Number
Name and Title of Officer ().	Date of Application
Stichardson (a) raldwell bankan	

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Interim Emergency Board Post Office Box 94095 Baton Rouge, Louisiana 70804-9095

Email Address

Name of Financial In	stitution: Capital One, N.A.
	10 Highway 22
	Mandeville, LA 70471
	ancial institution does hereby make application to the Interim Emergency Board

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

985-674-8113

David Blasini, Senior Vice President

Area Code and Telephone Number

Name and Title of Officer

April 3, 2023

Date of Application

david.blasini@capitalone.com

Email Address

Return this completed original application, one photocopy of it and only one copy of the required documentation to:

Name of Financial Institution: Citizens	s Bank & Trust Co.
Mailing address: P.O. Box 1530	
City, State, Zip Code: Covington, I	LA 70434
of the Louisiana Revised Statutes of 1950. Sai	reby make application to the Interim Emergency Board for t under the provisions of Sections 317 and 320 of Title 49 d designation shall take effect upon approval of the Interim determined by the Board unless the Louisiana Departmen said designation prior to that date.
The undersigned agrees that the above named	financial institution shall:
 Maintain deposit insurance through the Credit Union Administration or their suc- immediately, in writing, if such deposit insurance 	Federal Deposit Insurance Corporation or the National cessors and shall notify the Department of the Treasury urance is to be terminated and
amount insured by the Federal Depos	sit by any state depositing authority (as defined by Section d Statutes of 1950) which shall exceed at any time the it Insurance Corporation or the National Credit Union in the manner provided by R.S. 6:748.1 and R.S. 49:321.
Schedule RI - Income Statement, S Regulatory Capital, as of December 31 For Credit Unions: National Credit Certification Page, Statement of Finar	Associations: Federal Financial Institution Examination of Condition and Income (Call Report) Signature Page, ichedule RC - Balance Sheet, and Schedule RC-R.
The undersigned does hereby declare that the and belief and that the above named institut prescribed above.	nis application is true to the best of his/her knowledge ion agrees to comply with the conditions and statutes
Laure LBrands	985-893-5325
Signature of Authorized Officer	Area Code and Telephone Number
Laura L. Brandt, President & CEO	May 10, 2023
Name and Title of Officer	Date of Application
Ibrandt@cbtbanking.cor	n
Email Address	

Interim Emergency Board Post Office Box 94095 Baton Rouge, Louisiana 70804-9095

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution: Citizens	Bank & Trust Company
Mailing address: 57910 Main Stre	
Mailing address: Plaquemine, City, State, Zip Code:	LA 70764
The above named financial institution does hereby designation as a State Depository/Fiscal Agent un	y make application to the Interim Emergency Board for ider the provisions of Sections 317 and 320 of Title 49 esignation shall take effect upon approval of the Interim ermined by the Board unless the Louisiana Department Id designation prior to that date.
The undersigned agrees that the above named find	ancial institution shall:
the Ec	ederal Deposit Insurance Corporation or the National sors and shall notify the Department of the Treasury
(b) Maintain collateral for any funds on deposit 319 of Title 49 of the Louisiana Revised S	by any state depositing authority (as defined by Section Statutes of 1950) which shall exceed at any time the Insurance Corporation or the National Credit Union the manner provided by R.S. 6:748.1 and R.S. 49:321.
Council (FFIEC) Consolidated Report of Schedule RI - Income Statement, Sch Regulatory Capital, as of December 31 for For Credit Unions: National Credit Certification Page, Statement of Financi PCA Net Worth Calculation Worksheet, as	Condition and Income (Call Report) Signature Page pedule RC - Balance Sheet, and Schedule RC-R rethe preceding two years. Union Association (NCUA) Form 5300 (Call Report all Condition, Statement of Income and Expense, and sof December 31 for the preceding two years.
The undersigned does hereby declare that this and belief and that the above named institutio prescribed above.	s application is true to the best of his/her knowledgen agrees to comply with the conditions and statutes
Law Conday.	225-296-3735
Signature of Authorized Officer	Area Code and Telephone Number
Kristen Spedale, CFO	May 1, 2023
Name and Title of Officer	Date of Application
kristen@cbtla.com	
Email Address	

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution: Citizens Bank & Tr	ust Co. of Vivian, LA
Mailing address: P.O. Box 70	
City, State, Zip Code: Oil City, LA 71060)
The above named financial institution does hereby make a designation as a State Depository/Fiscal Agent under the of the Louisiana Revised Statutes of 1950. Said designation Emergency Board and shall expire on a date determined to the Treasury recommends the revocation of said designates.	provisions of Sections 317 and 320 of Title 49 on shall take effect upon approval of the Interimov the Board unless the Louisiana Department
The undersigned agrees that the above named financial ins	ititution shall:
(a) Maintain deposit insurance through the Federal De Credit Union Administration or their successors and immediately, in writing, if such deposit insurance is to	I shall notify the Department of the Treasury
(b) Maintain collateral for any funds on deposit by any sta 319 of Title 49 of the Louisiana Revised Statutes of amount insured by the Federal Deposit Insurance Administration by the pledge of securities in the mann	of 1950) which shall exceed at any time the Corporation or the National Credit Union
Attached to and as a part of this official application is the fol- For Banks and Savings and Loan Association Council (FFIEC) Consolidated Report of Condition Schedule RI - Income Statement, Schedule RI Regulatory Capital, as of December 31 for the prece- For Credit Unions: National Credit Union As Certification Page, Statement of Financial Condition PCA Net Worth Calculation Worksheet, as of December 31	ns: Federal Financial Institution Examination on and Income (Call Report) Signature Page of - Balance Sheet, and Schedule RC-Reding two years. sociation (NCUA) Form 5300 (Call Report ion, Statement of Income and Expense, and
The undersigned does hereby declare that this applicated belief and that the above named institution agrees brescribed above.	
Candre Dostavan	318-995-5360
Signature of Authorized Officer	Area Code and Telephone Number
Candice Festavan, Cashier	04/21/2023
Name and Title of Officer	Date of Application
cfestavan@cbtbankco.com	

Send the completed application form along with the required documentation via email to <u>ieb@la.gov</u>, or you can mail the original application and required documentation to:

Interim Emergency Board Post Office Box 94095 Baton Rouge, Louisiana 70804-9095

Email Address

Name of Financial Ins	titution: Citizens National Bank, N.A.
	'11 East Texas Street
	Bossier City, Louisiana 71111

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R -Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Christopher R. Willcox Digitally signed by Christopher R. Willcox Date: 2023.04.18 15:51:58 -05:00*

318-426-0921

Signature of Authorized Officer

Area Code and Telephone Number

Christopher R. Willcox, CFO

April 18, 2023

Name and Title of Officer

Date of Application

cwillcox@citizensnb.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution: Citizens Pr	ogressive Bank
Mailing address: P.O. Box 1689	
city, State, Zip Code: Columbia, LA 7	1418
The above named financial institution does hereby madesignation as a State Depository/Fiscal Agent under of the Louisiana Revised Statutes of 1950. Said desig Emergency Board and shall expire on a date determine of the Treasury recommends the revocation of said designation.	the provisions of Sections 317 and 320 of Title 49 nation shall take effect upon approval of the Interim ned by the Board unless the Louisiana Department
The undersigned agrees that the above named financia	al institution shall:
 Maintain deposit insurance through the Federa Credit Union Administration or their successors immediately, in writing, if such deposit insurance 	al Deposit Insurance Corporation or the Nationals and shall notify the Department of the Treasury is to be terminated and
319 of Title 49 of the Louisiana Revised Statu amount insured by the Federal Deposit Insu	ny state depositing authority (as defined by Section ites of 1950) which shall exceed at any time the rance Corporation or the National Credit Union nanner provided by R.S. 6:748,1 and R.S. 49:321,
Council (FFIEC) Consolidated Report of Cor Schedule RI - Income Statement, Schedul Regulatory Capital, as of December 31 for the For Credit Unions: National Credit Union	ations: Federal Financial Institution Examination and Income (Call Report) Signature Page e RC - Balance Sheet, and Schedule RC-R preceding two years. Association (NCUA) Form 5300 (Call Report and Expense, and Expense, and
The undersigned does hereby declare that this app and belief and that the above named institution ag prescribed above	olication is true to the best of his/her knowledge rees to comply with the conditions and statutes
Hustenford	318-649-6136
Signature of Authorized Officer	Area Code and Telephone Number
Gary Sonford, President	04/18/2023
Name and Title of Officer	Date of Application
carmenh@cpbonline.com	

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Interim Emergency Board Post Office Box 94095 Baton Rouge, Louisiana 70804-9095

Email Address

	Cal.	C -	C
Name of Financial Institution: _	Citizens	2000VDC	bank
Mailing address:	Sullivan	Drive	
City, State, Zip Code:	alusa, LA	TKYOT	
The above named financial institutesignation as a State Depositor of the Louisiana Revised Statutes Emergency Board and shall expire of the Treasury recommends the	y/Fiscal Agent under the s of 1950. Said designate on a date determine	e provisions of Section ation shall take effect under by the Board unless	ns 317 and 320 of Title 49 pon approval of the Interin the Louisiana Departmen
The undersigned agrees that the	above named financial	institution shall:	
 Maintain deposit insurance Credit Union Administration immediately, in writing, if su 	n or their successors a	and shall notify the De	orporation or the National epartment of the Treasury
(b) Maintain collateral for any fi 319 of Title 49 of the Lou amount insured by the Fo Administration by the pledge	isiana Revised Statute ederal Deposit Insurai	s of 1950) which sha	Il exceed at any time the
Council (FFIEC) Consoli Schedule RI - Income Regulatory Capital, as of For Credit Unions: N	s and Loan Associati dated Report of Condi Statement, Schedule December 31 for the pr lational Credit Union ment of Financial Con	ions: Federal Financ tion and Income (Cal RC - Balance Shee eceding two years. Association (NCUA) dition, Statement of In	ial Institution Examination Report) Signature Page t, and Schedule RC-R Form 5300 (Call Report
The undersigned does hereby of and belief and that the above or prescribed above.	declare that this applic amed institution agree	cation is true to the b es to comply with the	est of his/her knowledge conditions and statutes
Signature of Authorized Officer	-Valle	985-77 Area Code and	05 -(eSSS d Telephone Number
HULLY HOWKMS Name and Fittle of Officer	/ VP+ CFO	Date of Applic	2CX3
Whom house co	tizeristi	'AAVA	

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Interim Emergency Board Post Office Box 94095 Baton Rouge, Louisiana 70804-9095

Email Address

Na	me of Financial Institution: City Bank & T	rust Company
Ma	iling address: PO Box 246	
	y, State, Zip Code: Natchitoches, LA 7	71457
of the	e above named financial institution does hereby make apsignation as a State Depository/Fiscal Agent under the pushe Louisiana Revised Statutes of 1950. Said designation ergency Board and shall expire on a date determined by the Treasury recommends the revocation of said designation	rovisions of Sections 317 and 320 of Title 49 shall take effect upon approval of the Interim
The	e undersigned agrees that the above named financial insti	tution shall:
(a)	Maintain deposit insurance through the Federal Dep Credit Union Administration or their successors and immediately, in writing, if such deposit insurance is to be	shall notify the Department of the Treasury
(b)	Maintain collateral for any funds on deposit by any stat 319 of Title 49 of the Louisiana Revised Statutes of amount insured by the Federal Deposit Insurance Administration by the pledge of securities in the manne	1950) which shall exceed at any time the Corporation or the National Credit Union
	ched to and as a part of this official application is the followard for Banks and Savings and Loan Associations Council (FFIEC) Consolidated Report of Condition Schedule RI - Income Statement, Schedule RC Regulatory Capital, as of December 31 for the precedent Condition Condition Page, Statement of Financial Condition PCA Net Worth Calculation Worksheet, as of December 31 for the precedent Condition PCA Net Worth Calculation Worksheet, as of December 31 for the precedent Condition PCA Net Worth Calculation Worksheet, as of December 31 for the followard Condition PCA Net Worth Calculation Worksheet, as of December 31 for the followard Condition PCA Net Worth Calculation Worksheet, as of December 31 for the followard Condition PCA Net Worth Calculation Worksheet, as of December 31 for the followard Canada Condition PCA Net Worth Calculation Worksheet, as of December 31 for the precedent PCA Net Worth Calculation Worksheet, as of December 31 for the precedent PCA Net Worth Calculation Worksheet, as of December 31 for the precedent PCA Net Worth Calculation Worksheet, as of December 31 for the precedent PCA Net Worth Calculation Worksheet, as of December 31 for the precedent PCA Net Worth Calculation Worksheet, as of December 31 for the PCA Net Worth Calculation Worksheet, as of December 31 for the PCA Net Worth Calculation Worksheet Acad Net Worth Calculation W	: Federal Financial Institution Examination and Income (Call Report) Signature Page, - Balance Sheet, and Schedule RC-R - ding two years. Deciation (NCUA) Form 5300 (Call Report) In, Statement of Income and Expense, and ber 31 for the preceding two years.
and	undersigned does hereby declare that this application belief and that the above named institution agrees to scribed above.	on is true to the best of his/her knowledge o comply with the conditions and statutes
	15-nK	318-352-4416
Sign	nature of Authorized Officer	Area Code and Telephone Number
Br	andon McKee - SVP/CFO	Shalacza
Nam	ne and Title of Officer	Date of Application
br	nckee@mycitybank.com	
4	ail Address	

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Ins	titution: Colfax Bankir	ng Company	
Mailing address: P.	O. Box 247		
City, State, Zip Code:	Colfax, Louisiana	71417	
City, State, Zip Code:	Colfax, Louisiana	71417	

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

318-627-3161

Area Code and Telephone Number

Chadwick E. McClung, Pres &/CEO

04/17/2023

Name and Title of Officer

Date of Application

chad@colfaxbanking.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution: Community	y Bank of Louisiana
Mailing address: PO Box 1308	
city, State, Zip Code: Mansfield, LA 7	71052
The above named financial institution does hereby m designation as a State Depository/Fiscal Agent under of the Louisiana Revised Statutes of 1950. Said design Emergency Board and shall expire on a date determined the Treasury recommends the revocation of said design.	r the provisions of Sections 317 and 320 of Title 49 gnation shall take effect upon approval of the Interim ined by the Board unless the Louisiana Department
The undersigned agrees that the above named finance	ial institution shall:
 (a) Maintain deposit insurance through the Feder Credit Union Administration or their successor immediately, in writing, if such deposit insurance 	ral Deposit Insurance Corporation or the National is and shall notify the Department of the Treasury is to be terminated and
319 of Title 49 of the Louisiana Revised State amount insured by the Federal Deposit Insu	any state depositing authority (as defined by Section utes of 1950) which shall exceed at any time the urance Corporation or the National Credit Union manner provided by R.S. 6:748.1 and R.S. 49:321.
Council (FFIEC) Consolidated Report of Co Schedule RI - Income Statement, Schedu Regulatory Capital, as of December 31 for the For Credit Unions: National Credit Unio	iations: Federal Financial Institution Examination ndition and Income (Call Report) Signature Page, the RC - Balance Sheet, and Schedule RC-R - preceding two years. In Association (NCUA) Form 5300 (Call Report) Condition, Statement of Income and Expense, and
The undersigned does hereby declare that this apparent belief and that the above named institution agreescribed above.	
770 18	318-872-3831
Signature of Authorized Officer	Area Code and Telephone Number
James Simpson / President & CEO	4/17/2023
Name and Title of Officer	Date of Application
jsimpson@cbofla.bank	
Email Address	

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution: Community F	First Bank
Mailing address: P.O. Box 11440	7 (A) (A)
City, State, Zip Code: New Iberia, LA 70	0562
The above named financial institution does hereby make designation as a State Depository/Fiscal Agent under the of the Louisiana Revised Statutes of 1950. Said designation Emergency Board and shall expire on a date determined of the Treasury recommends the revocation of said designation.	provisions of Sections 317 and 320 of Title 49 on shall take effect upon approval of the Interim by the Board unless the Louisiana Department
The undersigned agrees that the above named financial in	stitution shall:
(a) Maintain deposit insurance through the Federal D Credit Union Administration or their successors an immediately, in writing, if such deposit insurance is to	d shall notify the Department of the Treasury
(b) Maintain collateral for any funds on deposit by any s 319 of Title 49 of the Louisiana Revised Statutes amount insured by the Federal Deposit Insurance Administration by the pledge of securities in the man	e Corporation or the National Credit Union
Attached to and as a part of this official application is the for Banks and Savings and Loan Association Council (FFIEC) Consolidated Report of Condition Schedule RI - Income Statement, Schedule Find Regulatory Capital, as of December 31 for the prefor Credit Unions: National Credit Union A Certification Page, Statement of Financial Condition PCA Net Worth Calculation Worksheet, as of December 3.	on and Income (Call Report) Signature Page, RC - Balance Sheet, and Schedule RC-R - ceding two years. Ssociation (NCUA) Form 5300 (Call Report) ition. Statement of Income and Expense, and
The undersigned does hereby declare that this applicated and belief and that the above named institution agree prescribed above.	ation is true to the best of his/her knowledge s to comply with the conditions and statutes
Si In	337-321-4333
Signature of Authorized Officer	Area Code and Telephone Number
Dirk Trahan, SVP	04/17/2023
Name and Title of Officer	Date of Application
dtrahan@cfirstbank.com	
Email Address	_

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution: Concordia B	ank & Trust Company
Mailing address: 904 Carter Street	
city, State, Zip Code; Vidalia, LA. 71373	
The above named financial institution does hereby no designation as a State Depository/Fiscal Agent under of the Louisiana Revised Statutes of 1950. Said designer and Statutes of 1950 and determined the Treasury recommends the revocation of said designer.	er the provisions of Sections 317 and 320 of Title 49 ignation shall take effect upon approval of the Interim hined by the Board unless the Louisiana Department
The undersigned agrees that the above named finance	cial institution shall:
(a) Maintain deposit insurance through the Fede Credit Union Administration or their successor immediately, in writing, if such deposit insurance	ral Deposit Insurance Corporation or the National rs and shall notify the Department of the Treasury a is to be terminated and
319 of Title 49 of the Louisiana Revised State amount insured by the Federal Deposit Inst	any state depositing authority (as defined by Section tutes of 1950) which shall exceed at any time the urance Corporation or the National Credit Union manner provided by R.S. 6:748.1 and R.S. 49:321.
Council (FFIEC) Consolidated Report of Co Schedule RI - Income Statement, Schedu Regulatory Capital, as of December 31 for the For Credit Unions: National Credit Union	clations: Federal Financial Institution Examination and Income (Call Report) Signature Page, alle RC - Balance Sheet, and Schedule RC-R - preceding two years. In Association (NCUA) Form 5300 (Call Report) Condition, Statement of Income and Expense, and December 31 for the preceding two years.
William M. Salters	318-336-5258
Signature of Authorized Officer	Area Code and Telephone Number
William M. Salters, SVP/CFO	05/01/2023
Name and Title of Officer	Date of Application
bsalters@concordiabank.com	
Email Address	

Interim Emergency Board Post Office Box 94095 Baton Rouge, Louisiana 70804-9095

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Ins	titution: Cottonport Bank	
	O. Box 367	
City, State, Zip Code:	Cottonport, LA 71327	

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

318-876-3341

Area Code and Telephone Number

Minh V. Luu - VP & CFO

5/26/2023

Name and Title of Officer

Date of Application

MinhL@cottonportbank.com

Email Address

Send the completed application form along with the required documentation via email to leb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution: Cross Keys Ba	ank
Mailing address: PO Box 7	
city, State, Zip Code: St. Joseph, LA 71	366
The above named financial institution does hereby make ap designation as a State Depository/Fiscal Agent under the profithe Louisiana Revised Statutes of 1950. Said designation Emergency Board and shall expire on a date determined by of the Treasury recommends the revocation of said designation	rovisions of Sections 317 and 320 of Title 49 shall take effect upon approval of the Interim the Board unless the Louisiana Department
The undersigned agrees that the above named financial insti	tution shall:
(a) Maintain deposit insurance through the Federal Dep Credit Union Administration or their successors and immediately, in writing, if such deposit insurance is to b	shall notify the Department of the Treasury
(b) Maintain collateral for any funds on deposit by any stat 319 of Title 49 of the Louisiana Revised Statutes of amount insured by the Federal Deposit Insurance Administration by the pledge of securities in the manne	1950) which shall exceed at any time the Corporation or the National Credit Union
Attached to and as a part of this official application is the folic For Banks and Savings and Loan Associations Council (FFIEC) Consolidated Report of Condition Schedule RI - Income Statement, Schedule RC Regulatory Capital, as of December 31 for the prece- For Credit Unions: National Credit Union Ass Certification Page, Statement of Financial Condition PCA Net Worth Calculation Worksheet, as of Decem	Federal Financial Institution Examination and Income (Call Report) Signature Page, - Balance Sheet, and Schedule RC-R - ding two years. ociation (NCUA) Form 5300 (Call Report) on, Statement of Income and Expense, and
The undersigned does hereby declare that this application and belief and that the above named institution agrees to prescribed above.	on is true to the best of his/her knowledge o comply with the conditions and statutes
Ben Watson	318-766-3246
Signature of Authorized Officer	Area Code and Telephone Number
Ben Watson	4/14/2023
Name and Title of Officer	Date of Application
bwatson@crosskeys.bank	

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Interim Emergency Board Post Office Box 94095 Baton Rouge, Louisiana 70804-9095

Email Address

Name of Finance	cial Institution: Delta Bank	
Mail Address:	1617 Carter Street	
City, State, Zip	Code: Vidalia, LA 71373	

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

318-414-6100

Area Code and Telephone Number

Wanda A Wiggins, EVP/CFO

05/17/2023

Name and Title of Officer

Date of Application

wwiggins@deltabk.com

Email Address

Return this completed original application, one photocopy of it and only one copy of the required documentation to:

Name of Financial I	
Mailing address: _	922 Veterans Memorial Blvd.
City, State, Zip Cod	Metairie, LA 70005
designation as a Sta of the Louisiana Rev Emergency Board ar	nancial institution does hereby make application to the Interim Emergency Board for the Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 ised Statutes of 1950. Said designation shall take effect upon approval of the Interimod shall expire on a date determined by the Board unless the Louisiana Department mmends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Mars -	504-822-0650
Signature of Authorized Officer	Area Code and Telephone Number
Cecil A. Haskins jr.	06/05/2023
Name and Title of Officer	Date of Application
chaskins@eurekahomestead.com	
Email Address	b.

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Nar	ne of Financial Institution: Farmers Merchants Bank & Trust Company
Mai	ling address: P.O. BOX 910
City	, State, Zip Code: Breaux Bridge, LA 70517
desi of the Eme	above named financial institution does hereby make application to the Interim Emergency Board for ignation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 4 ne Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interipergency Board and shall expire on a date determined by the Board unless the Louisiana Department of Treasury recommends the revocation of said designation prior to that date.
The	undersigned agrees that the above named financial institution shall:
(a)	Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasur immediately, in writing, if such deposit insurance is to be terminated and
(b)	Maintain collateral for any funds on deposit by any state depositing authority (as defined by Sectio 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Unio Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.
Atta	ched to and as a part of this official application is the following documentation: For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R Regulatory Capital, as of December 31 for the preceding two years. For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.
and	undersigned does hereby declare that this application is true to the best of his/her knowledged belief and that the above named institution agrees to comply with the conditions and statute cribed above.
	alure of Authorized Officer EVP TILC ZIMMERMAN e and Title of Officer Date of Application
Ema	Address Com

Send the completed application form along with the required documentation via email to <u>ieb@la.gov</u>, or you can mail the original application and required documentation to:

Name of Financial Instit	Farmers State Bank & Trust Co
Mailing address: 110	W. Plaquemine St
	Church Point, LA 70525

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

337-684-3301

Area Code and Telephone Number

Troy G. Kibodeaux, President & CEO

04/20/2023

Name and Title of Officer

Date of Application

tkibodeaux@farmers24.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Ins	Heliciana Bank& Trust Company
Mailing address:	D Box 247
	Clinton, Louisiana 70722

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

Jaye Bunch President

Name and Title of Officer

Date of Application

jbunch@felicianabank.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Na	me of Financial Institution: First Amer	ican Bank and Trust	
Ma	ailing address: 2785 Highway 20	West	
	y, State, Zip Code: Vacherie, La. 7		
of t	the Louisiana Revised Statutes of 1950. Said design	ake application to the Interim Emergency Board for the provisions of Sections 317 and 320 of Title 49 nation shall take effect upon approval of the Interim ned by the Board unless the Louisiana Department signation prior to that date.	
The	e undersigned agrees that the above named financi	al institution shall:	
(a)	(a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the Natio Credit Union Administration or their successors and shall notify the Department of the Treas immediately, in writing, if such deposit insurance is to be terminated and		
(b)			
Atta	Schedule RI - Income Statement, Schedule Regulatory Capital, as of December 31 for the For Credit Unions: National Credit Union	ations: Federal Financial Institution Examination addition and Income (Call Report) Signature Page, e RC - Balance Sheet, and Schedule RC-R - preceding two years. Association (NCUA) Form 5300 (Call Report) and Expense and	
and	undersigned does hereby declare that this app		
	1/2	005 005 5005	
-	13	225-265-5032	
	nature of Muthorized Officer	Area Code and Telephone Number	
Ky	yle A. Bourgeois	05/04/2023	
	ne and Title of Officer	Date of Application	
kb	ourgeois@fabt.com		
-	ail Address		

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution:	st Federal Bank of Louisiana
Mailing address: 1135 Lak	eshore Drive
City, State, Zip Code: Lake C	
of the Louisiana Revised Statutes of Emergency Board and shall expire of	does hereby make application to the Interim Emergency Board fo cal Agent under the provisions of Sections 317 and 320 of Title 49 950. Said designation shall take effect upon approval of the Interimal additional approval of the Interimal additional approval of the Interimal additional additional approval of the Interimal additional additio
The undersigned agrees that the abo	e named financial institution shall:
Credit Union Administration of	ough the Federal Deposit Insurance Corporation or the National their successors and shall notify the Department of the Treasury eposit insurance is to be terminated and
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Attached to and as a part of this offici For Banks and Savings ar Council (FFIEC) Consolidate Schedule RI - Income Sta Regulatory Capital, as of Dec For Credit Unions: Natio Certification Page, Statemen	l application is the following documentation: d Loan Associations: Federal Financial Institution Examination l Report of Condition and Income (Call Report) Signature Page, ement, Schedule RC - Balance Sheet, and Schedule RC-R - mber 31 for the preceding two years. al Credit Union Association (NCUA) Form 5300 (Call Report) of Financial Condition, Statement of Income and Expense, and orksheet, as of December 31 for the preceding two years.
The undersigned does hereby decl	re that this application is true to the best of his/her knowledge I institution agrees to comply with the conditions and statutes
Helat	337-421-1219
Signature of Authorized Officer	Area Code and Telephone Number
Peter R. Gover	4/24/2023
Name and Title of Officer	Date of Application
peter.gover@ffbla.l	320 20 70 70 70
Email Address	

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Ins	First Guaranty Bank	
Mailing address:	00 East Thomas Street	
City, State, Zip Code:	Hammond, LA 70401	

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

985-375-0308

Area Code and Telephone Number

Eric J. Dosch

May 4, 2023

Name and Title of Officer

Date of Application

Executive Officer & Chief Financial Officer

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Ins	stitution: First Horizon Bank	
	55 Madison Avenue	
	Memphis, TN 38103	

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Outouch Saullan Signature of Authorized Officer	901-523-4709	
Signature of Authorized Officer	Area Code and Telephone Number 4/25/2023	
Deborah Faulkner, VP		
Name and Title of Officer	Date of Application	
difaulkner@firsthorizon.com		

djraulkner@firstnorizon.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financia	Institution: First National Bank USA
Mailing address:	PO Box508
City, State, Zip Co	Boutte, LA, 70039
designation as a S of the Louisiana Ro Emergency Board	financial institution does hereby make application to the Interim Emergency Board for tate Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 4 exised Statutes of 1950. Said designation shall take effect upon approval of the Intering and shall expire on a date determined by the Board unless the Louisiana Department commends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

985-785-8411

Area Code and Telephone Number

Brandt Dufrene - President

04/21/2023

Name and Title of Officer

Date of Application

brandtd@fnbusa.com

Email Address

Send the completed application form along with the required documentation via email to leb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution: Franklin State	Bank & Trust CO	
Mailing address: P. O. Box 940		
City, State, Zip Code: Winnsboro, LA 7	295	
The above named financial institution does hereby make a designation as a State Depository/Fiscal Agent under the post the Louisiana Revised Statutes of 1950. Said designation Emergency Board and shall expire on a date determined both the Treasury recommends the revocation of said designation.	provisions of Sections 317 and 320 of Title 49 in shall take effect upon approval of the Interim by the Board unless the Louisiana Department	
The undersigned agrees that the above named financial ins	titution shall;	
(a) Maintain deposit insurance through the Federal De Credit Union Administration or their successors and immediately, in writing, if such deposit insurance is to	shall notify the Department of the Treasury	
Maintain collateral for any funds on deposit by any state depositing authority (as defined by Secti 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time t amount insured by the Federal Deposit Insurance Corporation or the National Credit Uni Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321		
Attached to and as a part of this official application is the fol For Banks and Savings and Loan Association Council (FFIEC) Consolidated Report of Condition Schedule RI – Income Statement, Schedule RC Regulatory Capital, as of December 31 for the prece- For Credit Unions; National Credit Union Association Page, Statement of Financial Condition PCA Net Worth Calculation Worksheet, as of December 31 for the preceding PCA Net Worth Calculation Worksheet, as of December 32 for Banks and B	s: Federal Financial Institution Examination and Income (Call Report) Signature Page, - Balance Sheet, and Schedule RC-R - Eding two years. Sociation (NCUA) Form 5300 (Call Report) on, Statement of Income and Expense, and	
The undersigned does hereby declare that this applicat and belief and that the above named institution agrees prescribed above.	on is true to the best of his/her knowledge to comply with the conditions and statutes	
Brand A. Chamon.	318-435-3711	
Signature of Authorized Officer	Area Code and Telephone Number	
Brad A. Chapman, President & CEO	04/18/2023	
Name and Title of Officer	Date of Application	

chapman@fsbnet.com

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution: First National Bank of Louisiana	
Mailing address: PO Box 267	
City, State, Zip Code: Crowley, LA 70527-0267	

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

Eric Movassaghi, CFO

Name and Title of Officer

Od/21/23

Date of Application

emovassaghi@fnb-la.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

	dibsland Gibsland	Bank & Trust	
Mailing address:	O Box 180		
	Gibsland, LA.	71028	

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

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Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Mmas L. Martin	318-843-6228
Signature of Authorized Officer	Area Code and Telephone Number
Thomas L. Martin CEO	4-17-2023
Name and Title of Officer	Date of Application
tmartin@gbt.bank	
Email Addross	

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution:	Suaranty Bank & Trust Co. of Delhi
Mailing address: P.O. Bo	x 8
City, State, Zip Code: Delhi,	LA 71232

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

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- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

318-878-3703

Area Code and Telephone Number

Troy Q. Richards, President

04/20/2023

Name and Title of Officer

Date of Application

tqrichards@gbankla.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

SION OF ADMINISTRATION OF AUTHORS OF AUTHORS OF AUTHORS OF AUTHORS OF AUTHORS

Name of Financial Institution: Gulf Coast E	Bank
Mailing address: 221 South State Str	reet
City, State, Zip Code: Abbeville, LA 705	510
The above named financial institution does hereby make designation as a State Depository/Fiscal Agent under the of the Louisiana Revised Statutes of 1950. Said designat Emergency Board and shall expire on a date determined of the Treasury recommends the revocation of said design	e provisions of Sections 317 and 320 of Title 49 ion shall take effect upon approval of the Interim by the Board unless the Louisiana Department
The undersigned agrees that the above named financial in	nstitution shall:
(a) Maintain deposit insurance through the Federal I Credit Union Administration or their successors ar immediately, in writing, if such deposit insurance is to	nd shall notify the Department of the Treasury
(b) Maintain collateral for any funds on deposit by any s 319 of Title 49 of the Louisiana Revised Statutes amount insured by the Federal Deposit Insuran Administration by the pledge of securities in the man	of 1950) which shall exceed at any time the
Certification Page, Statement of Financial Cond PCA Net Worth Calculation Worksheet, as of Dece The undersigned does hereby declare that this applica	ons: Federal Financial Institution Examination on and Income (Call Report) Signature Page, RC - Balance Sheet, and Schedule RC-R - ceding two years. Association (NCUA) Form 5300 (Call Report) ition, Statement of Income and Expense, and ember 31 for the preceding two years.
and belief and that the above named institution agrees prescribed above.	s to comply with the conditions and statutes
hd tolan	337-893-7733
Signature of Authorized Officer	Area Code and Telephone Number
Ned LeBlanc, VP/Cashier	April 21, 2023
Name and Title of Officer	Date of Application
nedl@gcbank.com	

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Interim Emergency Board Post Office Box 94095 Baton Rouge, Louisiana 70804-9095

Email Address

Name of Financial Ins	Gulf Coast Bank & Trust Company
Mail Address: 200	St. Charles Avenue
	New Orleans, LA 70130

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49;321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

¿ Twach

Signature of Authorized Officer

Guy T. Williams, President

Name and Title of Officer

guywilliams@gulfbank.com

Email Address

504-581-4561

Area Code and Telephone Number

4/13/2023

Date of Application



Return this completed original application, one photocopy of it and only one copy of the required documentation to:

Name of Financia	Hancock Whitney Bank	
	2510 14th Street	
	Gulfport, MS 39501-1947	

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

504-586-7479

Area Code and Telephone Number

Alan M Ganucheau / EVP and Treasurer

April 17, 2023

Name and Title of Officer

Date of Application

alan.ganucheau@hancockwhitney.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.qov, or you can mail the original application and required documentation to:

Name of Financial	Institution: Home Bank, National Association
	503 Kaliste Saloom Road
committee in the second	Lafayette, LA 70508
The above named designation as a St	financial institution does hereby make application to the Interim Emergency Board for tate Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49

of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

(a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and

of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department

(b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

Mary H. Hopkins, Director of Financial Management

Name and Title of Officer

337-572-1030

Area Code and Telephone Number

05/03/2023

Date of Application

mary@home24bank.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution: Investar Bar	nk, National Association
Mailing address: 10500 Coursey Bl	lvd, 2nd Floor
city, State, Zip Code: Baton Rouge, L	A 70816
The above named financial institution does hereby madesignation as a State Depository/Fiscal Agent under of the Louisiana Revised Statutes of 1950. Said design Emergency Board and shall expire on a date determined the Treasury recommends the revocation of said design.	the provisions of Sections 317 and 320 of Title 49 mation shall take effect upon approval of the Interim ned by the Board unless the Louisiana Department
The undersigned agrees that the above named financi	al institution shall:
	al Deposit Insurance Corporation or the National s and shall notify the Department of the Treasury is to be terminated and
319 of Title 49 of the Louisiana Revised Statu amount insured by the Federal Deposit Insu	ny state depositing authority (as defined by Section ates of 1950) which shall exceed at any time the trance Corporation or the National Credit Union manner provided by R.S. 6:748.1 and R.S. 49:321.
Council (FFIEC) Consolidated Report of Con Schedule RI - Income Statement, Schedul Regulatory Capital, as of December 31 for the For Credit Unions: National Credit Union	lations: Federal Financial Institution Examination and Income (Call Report) Signature Page, le RC - Balance Sheet, and Schedule RC-R - preceding two years. In Association (NCUA) Form 5300 (Call Report) tondition, Statement of Income and Expense, and
The undersigned does hereby declare that this appared belief and that the above named institution agprescribed above.	
Rachel Chaws	225-448-5459
Signature of Authorized Officer	Area Code and Telephone Number
Rachel Cherco, Treasurer	5/8/2023
Name and Title of Officer	Date of Application
rachel.cherco@investarbank.com	
Email Address	

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Ins	J.P.Morgan Chase Bank, N.A.	
	1 St. Charles Ave., Suite 2811	
	New Orleans, Louisiana, 70170	

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

504-623-1857

Area Code and Telephone Number

Gregory Rattler, Sr., Managing Director

May 1, 2023

Name and Title of Officer

Date of Application

greg.rattler@jpmorgan.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

			T		1 1 0 1
Name	of Financial	Institution:	Jones,	boro S	tate Boule
Mailir	ng address:	109	Jinnie	Davis	Blud
City,	State, Zip Cod	le:	ones boro	LA	tate Boule Blvd 71251
design of the Emerg of the	nation as a Sta Louisiana Rev gency Board a Treasury reco	ate Deposito vised Statute and shall exp ammends the	ry/Fiscal Agent un is of 1950. Said de ire on a date dete revocation of said	der the provision esignation shall to rmined by the Bo designation prio	
			above named fina		
	Credit Union .	Administration	e through the Fe on or their succes uch deposit insura	sors and shall n	surance Corporation or the National of the Department of the Treasury inated and
1	319 of Title 4	9 of the Lo	uisiana Revised S Federal Deposit I	statutes of 1950) nsurance Corpo	ositing authority (as defined by Section which shall exceed at any time the oration or the National Credit Union ded by R.S. 6:748.1 and R.S. 49:321.
Attacl	For Banks Council (FF Schedule F Regulatory For Credit	and Saving FIEC) Conso RI - Income Capital, as o Unions:	olidated Report of Statement, School of December 31 for National Credit University of Financial	Conditions: Fed Condition and liedule RC - Bal the preceding tw Union Association of Condition, Sta	deral Financial Institution Examination income (Call Report) Signature Page, lance Sheet, and Schedule RC-R -
and I	undersigned o belief and tha cribed above.	t the above	declare that this named institution	application is t agrees to com	rue to the best of his/her knowledge ply with the conditions and statutes
	Cyc	all			318-259-4411
Signa	ature of Author	ized Officer		Ā	rea Code and Telephone Number
(. Gray	con K	Allen C	FO	4/14/23
	e and Title of			D	ate of Application
	0	allen &	0 ; 6 oro.	con	
Emai	il Address	- in			
				the security of	locumentation via email to

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Finan	cial Institution: La Capitol Federal Credit Union
	700 Main Street
	Baton Rouge, LA 70802
designation as of the Louisiana Emergency Boa	ned financial institution does hereby make application to the Interim Emergency Board for a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 a Revised Statutes of 1950. Said designation shall take effect upon approval of the Interiment and shall expire on a date determined by the Board unless the Louisiana Department recommends the revocation of said designation prior to that date.
The undersigne	d agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748,1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

225-342-5055 Ext. 2348

Area Code and Telephone Number

Stephen Mathews. Chief Financial Officer

04/21/2023

Name and Title of Officer Date of

Date of Application

smathews@lacapfcu.org

Email Address

Send the completed application form along with the required documentation via email to leb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution: Landmark Ba	ank
Mailing address: P.O. Box 967	
city, State, Zip Code: Clinton, LA 7079	
The above named financial institution does hereby make designation as a State Depository/Fiscal Agent under the of the Louisiana Revised Statutes of 1950. Said designation Emergency Board and shall expire on a date determined of the Treasury recommends the revocation of said design	provisions of Sections 317 and 320 of Title 49 on shall take effect upon approval of the Interim by the Board unless the Louisiana Department
The undersigned agrees that the above named financial in	stitution shall:
 (a) Maintain deposit insurance through the Federal D Credit Union Administration or their successors an immediately, in writing, if such deposit insurance is to 	d shall notify the Department of the Treasury
(b) Maintain collateral for any funds on deposit by any s 319 of Title 49 of the Louisiana Revised Statutes amount insured by the Federal Deposit Insurance Administration by the pledge of securities in the many	of 1950) which shall exceed at any time the se Corporation or the National Credit Union
Attached to and as a part of this official application is the for For Banks and Savings and Loan Associatio Council (FFIEC) Consolidated Report of Condition Schedule RI - Income Statement, Schedule Richard Regulatory Capital, as of December 31 for the present Credit Unions: National Credit Union A Certification Page, Statement of Financial Conditional Richard Research Research	ns: Federal Financial Institution Examination on and Income (Call Report) Signature Page, C - Balance Sheet, and Schedule RC-R - ceding two years. ssociation (NCUA) Form 5300 (Call Report) tion, Statement of Income and Expense, and
The undersigned does hereby declare that this applica and belief and that the above named institution agrees prescribed above.	ition is true to the best of his/her knowledge to comply with the conditions and statutes
Signature of Authorized Officer	(225) 683-3371
	Area Code and Telephone Number
Jared Watkins, CFO	4/17/2023
Name and Title of Officer	Date of Application
JWatkins@LandmarkBankLA.com	

Send the completed application form along with the required documentation via email to leb@lo.gov, or you can mail the original application and required documentation to:

Interim Emergency Board Post Office Box 94095 Baton Rouge, Louisiana 70804-9095

Email Address

Name of Financial Institution: Louisiana Col	porate Credit Union
Mail Address: 3500 N. Causeway Bl	vd., Suite 1510
city, State, Zip Code: Metairie, LA 7000	2
The above named financial institution does hereby make a designation as a State Depository/Fiscal Agent under the pof the Louisiana Revised Statutes of 1950. Said designation Emergency Board and shall expire on a date determined bof the Treasury recommends the revocation of said designa	rovisions of Sections 317 and 320 of Title 49 in shall take effect upon approval of the Interim by the Board unless the Louisiana Department
The undersigned agrees that the above named financial ins	itution shall:
(a) Maintain deposit insurance through the Federal De Credit Union Administration or their successors and immediately, in writing, if such deposit insurance is to	shall notify the Department of the Treasury
(b) Maintain collateral for any funds on deposit by any sta 319 of Title 49 of the Louisiana Revised Statutes of amount insured by the Federal Deposit Insurance Administration by the pledge of securities in the manner	f 1950) which shall exceed at any time the Corporation or the National Credit Union
Attached to and as a part of this official application is the foll For Banks and Savings and Loan Association Council (FFIEC) Consolidated Report of Condition Schedule RI - Income Statement, Schedule RC Regulatory Capital, as of December 31 for the preceive For Credit Unions: National Credit Union Association Page, Statement of Financial Condition PCA Net Worth Calculation Worksheet, as of December 31 for the preceive Certification Page, Statement of Financial Condition PCA Net Worth Calculation Worksheet, as of December 31 for the following Certification Page, Statement of Financial Condition PCA Net Worth Calculation Worksheet, as of December 32 for Banks and Statement Statem	s: Federal Financial Institution Examination and Income (Call Report) Signature Page, - Balance Sheet, and Schedule RC-R - Eding two years. Bociation (NCUA) Form 5300 (Call Report) on, Statement of Income and Expense, and
The undersigned does hereby declare that this applicat and belief and that the above named institution agrees prescribed above.	
Dala Suis	(504) 838-8250
Signature of Authorized Officer	Area Code and Telephone Number
David A. Savoie, President/CEO	3/30/2023
Name and Title of Officer	Date of Application
david@lacorp.com	
Email Address	

Return this completed original application, one photocopy of it and only one copy of the required documentation to:

Name of Financial Institution: Louisiana Na	ational Bank
Mailing address: 2001 N Trenton	
City, State, Zip Code: Ruston, LA 7127	0
The above named financial institution does hereby make designation as a State Depository/Fiscal Agent under the of the Louisiana Revised Statutes of 1950. Said designal Emergency Board and shall expire on a date determined of the Treasury recommends the revocation of said designated.	e provisions of Sections 317 and 320 of Title 49 ion shall take effect upon approval of the Interim by the Board unless the Louisiana Department
The undersigned agrees that the above named financial is	nstitution shall:
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Attached to and as a part of this official application is the For Banks and Savings and Loan Associati Council (FFIEC) Consolidated Report of Condit Schedule RI - Income Statement, Schedule Regulatory Capital, as of December 31 for the professional Credit Unions: National Credit Union Certification Page, Statement of Financial Cond PCA Net Worth Calculation Worksheet, as of December 3.	ons: Federal Financial Institution Examination ion and Income (Call Report) Signature Page, RC - Balance Sheet, and Schedule RC-R - eceding two years. Association (NCUA) Form 5300 (Call Report) lition, Statement of Income and Expense, and
The undersigned does hereby declare that this applic and belief and that the above named institution agree prescriped above.	ation is true to the best of his/her knowledge is to comply with the conditions and statutes
Mande M	3182558482
Signature of Authorized Officer	Area Code and Telephone Number
Brandon Norris, EVP/CFO	5/8/2023
Name and Title of Officer	Date of Application
bnorris@ln.bank	

Send the completed application form along with the required documentation via email to leb@la.gov, or you can mail the original application and required documentation to:

Interim Emergency Board Post Office Box 94095 Baton Rouge, Louisiana 70804-9095

Email Address

Name of Financial Institution: M C Bank & Trust Co.	
Mailing address: 1201 Brashear Avenue	
City, State, Zip Code: Morgan City, LA 70380	

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

985-384-2100

Area Code and Telephone Number

Travis Richard, SEVP, COO

6/7/2023

Date of Application

Name and Title of Officer

travis.richard@mcbt.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution:	IE BANK
Mailing address: P.O. Box 7	
City, State, Zip Code: Marion, LA 71260	
The above named financial institution does hereby mak designation as a State Depository/Fiscal Agent under the fithe Louisiana Revised Statutes of 1950. Said designates Emergency Board and shall expire on a date determine of the Treasury recommends the revocation of said designates.	ne provisions of Sections 317 and 320 of Title 49 ation shall take effect upon approval of the Interim d by the Board unless the Louisiana Department
The undersigned agrees that the above named financial	institution shall:
(a) Maintain deposit insurance through the Federal Credit Union Administration or their successors immediately, in writing, if such deposit insurance is	and shall notify the Department of the Treasury
(b) Maintain collateral for any funds on deposit by any 319 of Title 49 of the Louisiana Revised Statute amount insured by the Federal Deposit Insura Administration by the pledge of securities in the ma	es of 1950) which shall exceed at any time the nce Corporation or the National Credit Union
Council (FFIEC) Consolidated Report of Cond Schedule RI - Income Statement, Schedule Regulatory Capital, as of December 31 for the po For Credit Unions: National Credit Union	tions: Federal Financial Institution Examination ition and Income (Call Report) Signature Page, RC - Balance Sheet, and Schedule RC-R - receding two years. Association (NCUA) Form 5300 (Call Report) indition, Statement of Income and Expense, and
The undersigned does hereby declare that this appli and belief and that the above named institution agre prescribed above.	
Sacres Land	318-292-4571
Signature of Authorized Officer	Area Code and Telephone Number
Scott G. Jones, Pres/CEO	5/5/2023
Name and Title of Officer	Date of Application
scott.jones@marionstate.bank	

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Interim Emergency Board Post Office Box 94095 Baton Rouge, Louisiana 70804-9095

Email Address

Name of Financial Ins	Metairie Bank & Trust
Mailing address: 33	44 Metairie Road
City, State, Zip Code:	Metairie, LA 70001
of the Louisiana Revise	ncial institution does hereby make application to the Interim Emergency Board for Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of Statutes of 1950. Said designation shall take effect upon approval of the Interim

The undersigned agrees that the above named financial institution shall:

of the Treasury recommends the revocation of said designation prior to that date.

(a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and

Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department

(b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321

Attached to and as a part of this official application is the following documentation

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page. Schedule RI - Income Statement. Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

504-832-5642

Area Code and Telephone Number

Michael Klumpp, CFO

04/17/2023

Name and Title of Officer

Date of Application

mklumpp@metairiebank.com

Email Address

Send the completed application form along with the required documentation via email to leb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution: Origin Bank	
Mailing address: 500 S. Service Road	l East
City, State, Zip Code: Ruston, LA 7127	0
The above named financial institution does hereby make a designation as a State Depository/Fiscal Agent under the of the Louisiana Revised Statutes of 1950. Said designation Emergency Board and shall expire on a date determined to the Treasury recommends the revocation of said designation.	provisions of Sections 317 and 320 of Title 49 in shall take effect upon approval of the Interim by the Board unless the Louisiana Department
The undersigned agrees that the above named financial ins	titution shall:
(a) Maintain deposit insurance through the Federal De Credit Union Administration or their successors and immediately, in writing, if such deposit insurance is to	I shall notify the Department of the Treasury
(b) Maintain collateral for any funds on deposit by any st 319 of Title 49 of the Louisiana Revised Statutes amount insured by the Federal Deposit Insuranc Administration by the pledge of securities in the mann	of 1950) which shall exceed at any time the e Corporation or the National Credit Union.
Attached to and as a part of this official application is the for Banks and Savings and Loan Association Council (FFIEC) Consolidated Report of Condition Schedule RI - Income Statement, Schedule R Regulatory Capital, as of December 31 for the precent Credit Unions: National Credit Union Association Page, Statement of Financial Condition PCA Net Worth Calculation Worksheet, as of December 31 for the precent Control of PCA Net Worth Calculation Worksheet, as of December 31 for Banksheet, as of December 31 for Banksheet 31 for Banksheet 32 for Banksheet 33 for Banksheet 34 for Banksheet 35 for Banksheet 35 for Banksheet 31 for Banksheet 36 for Banksheet 36 for Banksheet 37 for Banksheet 37 for Banksheet 37 for Banksheet 31 for Banksheet 37 for Banksheet 37 for Banksheet 37 for Banksheet 31 for Ban	ns: Federal Financial Institution Examination in and Income (Call Report) Signature Page, C - Balance Sheet, and Schedule RC-R - eding two years. sociation (NCUA) Form 5300 (Call Report) ion, Statement of Income and Expense, and
The undersigned does hereby declare that this applica and belief and that the above named institution agrees prescribed above.	tion is true to the best of his/her knowledge to comply with the conditions and statutes
1/4	318-254-7423
Signature of Authorized Officer	Area Code and Telephone Number
Stephen H. Brolly, CAO, SEO	05/05/2023
Name and Title of Officer	Date of Application
sbrollv@origin.bank	

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Interim Emergency Board Post Office Box 94095 Baton Rouge, Louisiana 70804-9095

Email Address

Name of Financial Institution: PATTERSON	STATE BANK
Mailing address: 1130 HIGHWAY 90	
City, State, Zip Code: PATTERSON, LA,	70392
The above named financial institution does hereby make ap designation as a State Depository/Fiscal Agent under the pr of the Louislana Revised Statutes of 1950. Said designation Emergency Board and shall expire on a date determined by of the Treasury recommends the revocation of said designation	ovisions of Sections 317 and 320 of Title 49 shall take effect upon approval of the Interim the Board unless the Louisiana Department
The undersigned agrees that the above named financial instit	ution shall:
(a) Maintain deposit insurance through the Federal Dep Credit Union Administration or their successors and s immediately, in writing, if such deposit insurance is to be	shall notify the Department of the Treasury
(b) Maintain collateral for any funds on deposit by any state 319 of Title 49 of the Louisiana Revised Statutes of amount insured by the Federal Deposit Insurance Administration by the pledge of securities in the manner	1950) which shall exceed at any time the Corporation or the National Credit Union
Attached to and as a part of this official application is the follo For Banks and Savings and Loan Associations Council (FFIEC) Consolidated Report of Condition Schedule RI - Income Statement, Schedule RC Regulatory Capital, as of December 31 for the precedence For Credit Unions: National Credit Union Association Page, Statement of Financial Condition PCA Net Worth Calculation Worksheet, as of December 31 for the precedence of the condition PCA Net Worth Calculation Worksheet, as of December 31 for the precedence of the condition PCA Net Worth Calculation Worksheet, as of December 31 for the precedence of the condition PCA Net Worth Calculation Worksheet, as of December 32 for Banks and Savings and Loan Associations and Savings and Loan Associations are conditionally as the condition of the condition PCA Net Worth Calculation Worksheet, as of December 32 for Banks and Savings and Loan Associations are conditionally as the condition of the precedence of the condition PCA Net Worth Calculation Worksheet, as of December 32 for Banks and Banks	 Federal Financial Institution Examination and Income (Call Report) Signature Page, Balance Sheet, and Schedule RC-R - ling two years. Incitation (NCUA) Form 5300 (Call Report) Statement of Income and Expense, and
The undersigned does hereby declare that this application and belief and that the above named institution agrees to prescribed above.	on is true to the best of his/her knowledge comply with the conditions and statutes
July Wolfen	985-498-7220
Signature of Authorized Officer	Area Code and Telephone Number
JASON WATSON, PRESIDENT	5/8/2023
Name and Title of Officer	Date of Application
JASONW@PATTERSONSTATEBANK.COM	
Email Address	

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financia	I Institution: PEOPLES BANK	
Mailing address:	6689 HWY 34	
City, State, Zip Co	CHATHAM, LA 71226	

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

K. Scott Murry - EVP

Name and Title of Officer

318-249-2125

Area Code and Telephone Number

04/20/2023

Date of Application

smurry@thepeoplesbankla.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

y/Fiscal Agent under the page of 1950. Said designation re on a date determined by revocation of said designate above named financial insection of their successors and uch deposit insurance is to funds on deposit by any state.	pplication to the Interim Emergency Board for provisions of Sections 317 and 320 of Title 49 in shall take effect upon approval of the Interim by the Board unless the Louisiana Department tion prior to that date. Stitution shall: Sposit Insurance Corporation or the National shall notify the Department of the Treasury be terminated and
ution does hereby make a y/Fiscal Agent under the ps of 1950. Said designation re on a date determined be revocation of said designal above named financial insect through the Federal Den or their successors and uch deposit insurance is to funds on deposit by any standard.	rovisions of Sections 317 and 320 of Title 49 in shall take effect upon approval of the Interim y the Board unless the Louisiana Department tion prior to that date. titution shall: sposit Insurance Corporation or the National shall notify the Department of the Treasury be terminated and
y/Fiscal Agent under the page of 1950. Said designation re on a date determined by revocation of said designate above named financial insection of their successors and uch deposit insurance is to funds on deposit by any state.	rovisions of Sections 317 and 320 of Title 49 in shall take effect upon approval of the Interim y the Board unless the Louisiana Department tion prior to that date. titution shall: sposit Insurance Corporation or the National shall notify the Department of the Treasury be terminated and
e through the Federal De n or their successors and uch deposit insurance is to funds on deposit by any st	eposit Insurance Corporation or the National shall notify the Department of the Treasury be terminated and
n or their successors and uch deposit insurance is to funds on deposit by any st	be terminated and
unds on deposit by any st	
isiana Revised Statutes	ate depositing authority (as defined by Section of 1950) which shall exceed at any time the Corporation or the National Credit Union per provided by R.S. 6:748.1 and R.S. 49:321.
gs and Loan Association lidated Report of Condition Statement, Schedule R f December 31 for the prec National Credit Union Assembly ement of Financial Condition Worksheet, as of Dece	ns: Federal Financial Institution Examination on and Income (Call Report) Signature Page, C - Balance Sheet, and Schedule RC-R -
ummings III	(318) 651-5053
6	Area Code and Telephone Number
	April 17, 2023 Date of Application
n	-
i di i	uisiana Revised Statutes of Federal Deposit Insurance of Securities in the mann official application is the fogs and Loan Association lidated Report of Condition Statement, Schedule Ref December 31 for the precedent Union Assement of Financial Condition Worksheet, as of December at this applicant declare that this applicant condition worksheet, as of December and Condition Worksheet, as of December 2 declare that this applicant condition was applicated to the Condition Worksheet and Condition Worksheet as of December 2 declare that this applicant condition was applicant to the Condition

Send the completed application form along with the required documentation via email to <u>ieb@la.gov</u>, or you can mail the original application and required documentation to:

Name of Finance	Progressive National Bank
	300 Washington Ave
	Code: Mansfield La. 71052
	ed financial institution does hereby make application to the Interim Emergency Board

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

2/72	318-872-3661
Signature of Authorized Officer	Area Code and Telephone Number
Kade Rogers - President	04-27-23
Name and Title of Officer	Date of Application
krogers@progressivenational.com	

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Interim Emergency Board Post Office Box 94095 Baton Rouge, Louisiana 70804-9095

Email Address

Name of Financial Institution: Rayne Building	and Loan Association
Mailing address: P O Box 46	
city, State, Zip Code: Rayne, LA 70578	-0046
The above named financial institution does hereby make a designation as a State Depository/Fiscal Agent under the p of the Louisiana Revised Statutes of 1950. Said designation Emergency Board and shall expire on a date determined b of the Treasury recommends the revocation of said designal	rovisions of Sections 317 and 320 of Title 49 shall take effect upon approval of the Interim the Board unless the Louisiana Department
The undersigned agrees that the above named financial inst	itution shall:
(a) Maintain deposit insurance through the Federal De Credit Union Administration or their successors and immediately, in writing, if such deposit insurance is to I	shall notify the Department of the Treasury
(b) Maintain collateral for any funds on deposit by any sta 319 of Title 49 of the Louisiana Revised Statutes of amount insured by the Federal Deposit Insurance Administration by the pledge of securities in the manner	f 1950) which shall exceed at any time the Corporation or the National Credit Union
Attached to and as a part of this official application is the foll For Banks and Savings and Loan Association Council (FFIEC) Consolidated Report of Condition Schedule RI - Income Statement, Schedule RC Regulatory Capital, as of December 31 for the preceive For Credit Unions: National Credit Union Association Page, Statement of Financial Condition PCA Net Worth Calculation Worksheet, as of December 1981.	s: Federal Financial Institution Examination and Income (Call Report) Signature Page, - Balance Sheet, and Schedule RC-R - ding two years. cociation (NCUA) Form 5300 (Call Report) on, Statement of Income and Expense, and
The undersigned does hereby declare that this applicate and belief and that the above named institution agrees to prescribed above.	
Clare Beroit	337-334-7535
Signature of Authorized Officer	Area Code and Telephone Number
Claire Benoit, President-CEO	04/18/2023
Name and Title of Officer	Date of Application

claireb@raynebuildingloan.com Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financia	Red River Bank	
Mailing address:	1412 Centre Court Drive Suite 101	
	Alexandria, LA 71301	

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

225-928-8252

Edwin Lagarde/Chief Innovation Officer

Area Code and Telephone Number

Name and Title of Officer

4/19/2023

Date of Application

edwin.lagarde@redriverbank.net

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Ins	Regions Bank	
Mailing address: 40	00 Poydras St, Suite 2200	
	New Orleans, La 70130	

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5200 (Call Report)

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Mill- + Duners	504-585-4564	
Signature of Authorized Officer	Area Code and Telephone Number	
Todd Burrall, Sr. Vice President	5/2/23	
Name and Title of Officer	Date of Application	

todd.burrall@regions.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Nar	me of Financial Institution: Sabine State Bank and Tr	ust Company	
Mai	iling address: PO Box 670		
City	y, State, Zip Code: Many, LA 71449-0670		
des of the	e above named financial institution does hereby make signation as a State Depository/Fiscal Agent under the he Louisiana Revised Statutes of 1950. Said designation ergency Board and shall expire on a date determined the Treasury recommends the revocation of said designation.	provisions of Sections 317 and 320 of Title 49 on shall take effect upon approval of the Interim by the Board unless the Louisiana Department	
The	e undersigned agrees that the above named financial in	stitution shall:	
(a)	Maintain deposit insurance through the Federal D Credit Union Administration or their successors an immediately, in writing, if such deposit insurance is to	d shall notify the Department of the Treasury	
(b)	Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.		
Atta	Ached to and as a part of this official application is the for For Banks and Savings and Loan Association Council (FFIEC) Consolidated Report of Condition Schedule RI - Income Statement, Schedule Richard Regulatory Capital, as of December 31 for the precent Condition Capital, as of December 31 for the precent Condition Capital Condition Capital Condition Page, Statement of Financial Condition PCA Net Worth Calculation Worksheet, as of December 31 for the formal Condition	ns: Federal Financial Institution Examination on and Income (Call Report) Signature Page, C - Balance Sheet, and Schedule RC-R - ceding two years. ssociation (NCUA) Form 5300 (Call Report) tion, Statement of Income and Expense, and	
and	e undersigned does hereby declare that this applica I belief and that the above named institution agrees scribed above.		
Sign	Marianne Dopkinson atture of Authorized Officer	318-256-7000 Area Code and Telephone Number	
Ma	vigno Hanking VD/Trust & Investments Officer	05/03/2023	
Contract of	rianne Hopkins, VP/Trust & Investments Officer me and Title of Officer	Date of Application	
2.4			
_	opkins@sabine.bank ail Address	-	
	nd the completed application form along with the re	guired documentation via email to	

Interim Emergency Board Post Office Box 94095 Baton Rouge, Louisiana 70804-9095

ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Ins	itution: Sicily Island State Bank	
Mailing address: P.	O. BOX 68	
	SICILY ISLAND, LA 71368	

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

318-389-5781

Area Code and Telephone Number

WADE M. THOMPSON, PRESIDENT

05/11/23

Name and Title of Officer

Date of Application

wade.thompson@sibank.net

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution: South Louisiana Bank				
Mailing address: P.	O. Box 1718			
	Houma, Louisiana 70361-1718			

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R -Regulatory Capital, as of December 31 for the preceding two years.

National Credit Union Association (NCUA) Form 5300 (Call Report) For Credit Unions: Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

Randal J. Bernard CFO & EVF

Name and Title of Officer

985-851-3434

Area Code and Telephone Number

05/11/2023

Date of Application

rbernard@ayeee.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution: Southern Heritage Bank	
Mailing address: P.O. Box 2900	
city, State, Zip Code: Jena, LA 71342	
The above named financial institution does hereby make application to the Interim Emergency Boa designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Tof the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interior Board and shall expire on a date determined by the Board unless the Louisiana Depart of the Treasury recommends the revocation of said designation prior to that date.	tle 49 iterim

The undersigned agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Fellullet	318-992-7000
Signature of Authorized Officer	Area Code and Telephone Number
Randall Welch, CEO	4-17-2023
Name and Title of Officer	Date of Application
rwelch@shbnet.com	
Email Address	

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution: South I	Lafourche Bank & Trust Co.		
Mailing address: P.O. Box 489			
city, State, Zip Code: Larose, La.	70373		
designation as a State Depository/Fiscal Ager of the Louisiana Revised Statutes of 1950. Sa	ereby make application to the Interim Emergency Board for int under the provisions of Sections 317 and 320 of Title 49 id designation shall take effect upon approval of the Interim determined by the Board unless the Louisiana Department said designation prior to that date.		
The undersigned agrees that the above named	d financial institution shall:		
Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasure immediately, in writing, if such deposit insurance is to be terminated and			
319 of Title 49 of the Louisiana Revise amount insured by the Federal Depo	osit by any state depositing authority (as defined by Section ed Statutes of 1950) which shall exceed at any time the sit Insurance Corporation or the National Credit Union is in the manner provided by R.S. 6:748.1 and R.S. 49:321.		
Council (FFIEC) Consolidated Report Schedule RI - Income Statement, Regulatory Capital, as of December 3 For Credit Unions: National Cred Certification Page, Statement of Fina	Associations: Federal Financial Institution Examination to of Condition and Income (Call Report) Signature Page, Schedule RC - Balance Sheet, and Schedule RC-R -		
The undersigned does hereby declare that and belief and that the above named institution prescribed above.	this application is true to the best of his/her knowledge Ition agrees to comply with the conditions and statutes		
De Die	985-693-3174		
Signature of Authorized Officer	Area Code and Telephone Number		
President / CEO	4/26/23		
Name and Title of Officer	Date of Application		
bradb@slbank.com			

Send the completed application form along with the required documentation v a email to $\underline{ieb@la.gov}$, or you can mail the original application and required documentation to:

Interim Emergency Board Post Office Box 94095 Baton Rouge, Louisiana 70804-9095

Email Address

Name of Financial Institution: St. Landry Ban	k & Trust Company		
Mailing address: 132 E. Landry Street			
city, State, Zip Code: Opelousas, LA 705	570		
The above named financial institution does hereby make apply designation as a State Depository/Fiscal Agent under the proof the Louisiana Revised Statutes of 1950. Said designation is Emergency Board and shall expire on a date determined by the Treasury recommends the revocation of said designation	lication to the Interim Emergency Board for visions of Sections 317 and 320 of Title 49 hall take effect upon approval of the Interim he Board unless the Louisiana Department		
The undersigned agrees that the above named financial institu	tion shall:		
(a) Maintain deposit insurance through the Federal Depo Credit Union Administration or their successors and sl immediately, in writing, if such deposit insurance is to be	hall notify the Department of the Treasury		
(b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.			
Attached to and as a part of this official application is the follow For Banks and Savings and Loan Associations: Council (FFIEC) Consolidated Report of Condition a Schedule RI - Income Statement, Schedule RC - Regulatory Capital, as of December 31 for the precedi For Credit Unions: National Credit Union Association Page, Statement of Financial Condition PCA Net Worth Calculation Worksheet, as of December 1.	Federal Financial Institution Examination and Income (Call Report) Signature Page, Balance Sheet, and Schedule RC-R - ng two years. Ciation (NCUA) Form 5300 (Call Report), Statement of Income and Expense, and		
The undersigned does hereby declare that this application and belief and that the above named institution agrees to prescribed above.	n is true to the best of his/her knowledge comply with the conditions and statutes		
Michelle & Poulet	337.942.7516		
Signature of Authorized Officer	Area Code and Telephone Number		
Michelle R. Poulet, President	04/21/2023		
Name and Title of Officer	Date of Application		
michelle.poulet@stlandrybank.com			

Send the completed application form along with the required documentation via email to leb@la.gov, or you can mail the original application and required documentation to:

Interim Emergency Board Post Office Box 94095 Baton Rouge, Louisiana 70804-9095

	FOR THE PERIOD JULY 1, 2023, TO JUNE 30, 2027
Nar	ne of Financial Institution: State Bank & Trust Company
Mai	ling address: P. O. Box 745
City	Golden Meadow, LA 70357
des of th Eme	above named financial institution does hereby make application to the Interim Emergency Board for ignation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 ne Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interimergency Board and shall expire on a date determined by the Board unless the Louisiana Department are Treasury recommends the revocation of said designation prior to that date.
The	undersigned agrees that the above named financial institution shall:
(a)	Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
(b)	Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.
Atta	ched to and as a part of this official application is the following documentation: For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years. For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

985-475-5826

Area Code and Telephone Number

Steve J. Lefort/ President & CEO

04-21-2023

Name and Title of Officer

Date of Application

steve.lefort@sbtcajun.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution: Synergy Bank			
Mailing address:	P.O. Box 2166		
City, State, Zip Code:	Houma, LA 70	361-2166	
designation as a State Deposit of the Louisiana Revised Statut	ory/Fiscal Agent under the pro es of 1950. Said designation of pire on a date determined by	olication to the Interim Emergency Board for ovisions of Sections 317 and 320 of Title 49 shall take effect upon approval of the Interim the Board unless the Louisiana Department n prior to that date.	
The undersigned agrees that the	e above named financial institu	ution shall:	
Credit Union Administrati	ce through the Federal Depo on or their successors and s such deposit insurance is to be	osit Insurance Corporation or the National hall notify the Department of the Treasury terminated and	
319 of Title 49 of the Lo amount insured by the	puisiana Revised Statutes of Federal Deposit Insurance	e depositing authority (as defined by Section 1950) which shall exceed at any time the Corporation or the National Credit Union provided by R.S. 6:748.1 and R.S. 49:321.	
Council (FFIEC) Conso Schedule RI - Income Regulatory Capital, as o For Credit Unions: Certification Page, Stat	gs and Loan Associations: blidated Report of Condition as Statement, Schedule RC of December 31 for the preced National Credit Union Asso tement of Financial Condition	Federal Financial Institution Examination and Income (Call Report) Signature Page, - Balance Sheet, and Schedule RC-R -	
The undersigned does hereby and belief and that the above prescribed above.	declare that this application named institution agrees to	n is true to the best of his/her knowledge comply with the conditions and statutes	
Bon A.	Sono	985-851-3341	
Signature of Authorized Officer		Area Code and Telephone Number	
Benjamin D. Born	e, EVP & CFO	4/20/2023	
Name and Title of Officer		Date of Application	
bborne@synerg	ybank.com		

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Interim Emergency Board Post Office Box 94095 Baton Rouge, Louisiana 70804-9095

Name of Financial Institution: Tensas State	e Bank
Mailing address: P.O. Box 368	
City, State, Zip Code: Newellton, LA 7	1357
The above named financial institution does hereby make designation as a State Depository/Fiscal Agent under the of the Louisiana Revised Statutes of 1950. Said designal Emergency Board and shall expire on a date determined of the Treasury recommends the revocation of said design	e provisions of Sections 317 and 320 of Title 49 ion shall take effect upon approval of the Interim by the Board unless the Louisiana Department
The undersigned agrees that the above named financial i	nstitution shall:
(a) Maintain deposit insurance through the Federal Credit Union Administration or their successors a immediately, in writing, if such deposit insurance is	nd shall notify the Department of the Treasury
(b) Maintain collateral for any funds on deposit by any 319 of Title 49 of the Louisiana Revised Statutes amount insured by the Federal Deposit Insurar Administration by the pledge of securities in the man	of 1950) which shall exceed at any time the ce Corporation or the National Credit Union
Attached to and as a part of this official application is the For Banks and Savings and Loan Associati Council (FFIEC) Consolidated Report of Condit Schedule RI - Income Statement, Schedule Regulatory Capital, as of December 31 for the pre For Credit Unions: National Credit Union Certification Page, Statement of Financial Concepts Worth Calculation Worksheet, as of December 31 for the present the Certification Page, Statement of Financial Concepts Worth Calculation Worksheet, as of December 31 for the PCA Net Worth Calculation Worksheet, as of December 32 for the PCA Net Worth Calculation Worksheet, as of December 32 for the PCA Net Worth Calculation Worksheet, as of December 32 for the PCA Net Worth Calculation Worksheet, as of December 32 for the PCA Net Worth Calculation Worksheet, as of December 32 for the PCA Net Worth Calculation Worksheet, as of December 32 for the PCA Net Worth Calculation Worksheet, as of December 32 for the PCA Net Worth Calculation Worksheet, as of December 32 for the PCA Net Worth Calculation Worksheet, as of December 32 for the PCA Net Worth Calculation Worksheet, as of December 32 for the PCA Net Worth Calculation Worksheet, as of December 32 for the PCA Net Worth Calculation Worksheet, as of December 32 for the PCA Net Worth Calculation Worksheet, as of December 32 for the PCA Net Worth Calculation Worksheet, as of December 32 for the PCA Net Worth Calculation Worksheet Net Year	ons: Federal Financial Institution Examination ion and Income (Call Report) Signature Page, RC - Balance Sheet, and Schedule RC-R - eceding two years. Association (NCUA) Form 5300 (Call Report) dition, Statement of Income and Expense, and elember 31 for the preceding two years.
The undersigned does hereby declare that this applic and belief and that the above named institution agree prescribed above.	ation is true to the best of his/her knowledge is to comply with the conditions and statutes
WELDER	318-467-5401
Signature of Authorized Officer	Area Code and Telephone Number
W. E. Hawkins, Jr.	4/17/2023
Name and Title of Officer	Date of Application
skip@tensas.com	

Send the completed application form along with the required documentation via email to jeb@la.gov, or you can mail the original application and required documentation to:

Interim Emergency Board Post Office Box 94095 Baton Rouge, Louisiana 70804-9095

Name of Financial Institution: I he Bank	
Mailing address: PO Box 787	
city, State, Zip Code: Jennings, LA 70546	

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
- (b) Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.

Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Dibot Jh () Murrell
Signature of Authorized Officer

337-944-4378
Area Code and Telephone Number

Deborah O. Murrell, EVP/CFO

04/17/2023

Name and Title of Officer

Date of Application

deborah.murrell@thebank.bank

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution: The Ba	nk of Commerce
Mailing address: PO Box 517	
city, State, Zip Code: White Castle	e, LA 70788
of the Louisiana Revised Statutes of 1950. Said Emergency Board and shall expire on a date do of the Treasury recommends the revocation of s	
The undersigned agrees that the above named f	financial institution shall:
 (a) Maintain deposit insurance through the Credit Union Administration or their succ immediately, in writing, if such deposit insu 	Federal Deposit Insurance Corporation or the Nationa essors and shall notify the Department of the Treasury rance is to be terminated and
amount insured by the Federal Denosit	t by any state depositing authority (as defined by Section Statutes of 1950) which shall exceed at any time the Insurance Corporation or the National Credit Union the manner provided by R.S. 6:748.1 and R.S. 49:321.
Attached to and as a part of this official application For Banks and Savings and Loan Attached Report of Council (FFIEC) Consolidated Report of Schedule RI - Income Statement, Schedule RI - Income Statement, Schedule RI - Income Statement of Regulatory Capital, as of December 31 for Credit Unions: National Credit Certification Page, Statement of Finance PCA Net Worth Calculation Worksheet, a	on is the following documentation: ssociations: Federal Financial Institution Examination of Condition and Income (Call Report) Signature Page, hedule RC - Balance Sheet, and Schedule RC-R - or the preceding two years. Union Association (NCUA) Form 5300 (Call Report) or the Condition, Statement of Income and Expense, and as of December 31 for the preceding two years.
The undersigned does hereby declare that this and belief and that the above named institution prescribed above.	s application is true to the best of his/her knowledge on agrees to comply with the conditions and statutes
Jone (225-545-3656
Signature of Authorized Officer	Area Code and Telephone Number
David Kessler	04/20/2023
Name and Title of Officer	Date of Application
davidboc@bkofcommerce.c	com

Send the completed application form along with the required documentation via email to <u>ieb@la.gov</u>, or you can mail the original application and required documentation to:

Interim Emergency Board Post Office Box 94095 Baton Rouge, Louisiana 70804-9095

Name of Financia	Institution: The Bank of New York Mellon Trust Company, N.A.
Mailing address:	400 South Hope Street, Suite 500
	Los Angeles, CA 90071

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

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Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

(904) 645-1952

Area Code and Telephone Number

Antonio Portuondo, President

May 2, 2023

Name and Title of Officer

Date of Application

antonio.portuondo@bnymellon.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution: The Evangeline	Bank and Trust Co	
Mailing address: PO Box 346,		
City, State, Zip Code: Ville Platte, La 7058	36	
The above named financial institution does hereby make app designation as a State Depository/Fiscal Agent under the pro of the Louisiana Revised Statutes of 1950. Said designation s Emergency Board and shall expire on a date determined by t of the Treasury recommends the revocation of said designatio	visions of Sections 317 and 320 of Title 49 shall take effect upon approval of the Interim the Board unless the Louisiana Department	
The undersigned agrees that the above named financial institu	ition shall:	
(a) Maintain deposit insurance through the Federal Depo Credit Union Administration or their successors and s immediately, in writing, if such deposit insurance is to be	hall notify the Department of the Treasury	
Maintain collateral for any funds on deposit by any state depositing authority (as defined by Section 319 of Title 49 of the Louisiana Revised Statutes of 1950) which shall exceed at any time the amount insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration by the pledge of securities in the manner provided by R.S. 6:748.1 and R.S. 49:321.		
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The undersigned does hereby declare that this applicatio and belief and that the above named institution agrees to prescribed above.	n is true to the best of his/her knowledge comply with the conditions and statutes	
John Was Starl	337-363-5541	
Signature of Authorized Officer	Area Code and Telephone Number	
Assistant Regional President	04/20/2023	
Name and Title of Officer	Date of Application	
jstigall@therealbank.com		
Email Address		

Send the completed application form along with the required documentation via email to <u>ieb@la.gov</u>, or you can mail the original application and required documentation to:

Name of Financial Ins	titution: The First Bank	
Mailing address: P(O Box 15549	
City, State, Zip Code:	Hattiesburg, MS 39404-5549	

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

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Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page. Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

601-705-1141

Area Code and Telephone Number

Donna T. Lowery, CFO

04/27/2023

Name and Title of Officer

Date of Application

dlowery@thefirstbank.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial I	Institution: The Mer Rouge State Bank	
Mailing address:	102 Davenport Avenue	
City, State, Zip Cod	Mer Rouge, La. 71261	
The charge arms of H		

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

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Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

Signature of Authorized Officer

318-647-3677

Area Code and Telephone Number

Robin R. Tyson, President

Name and Title of Officer

04/202/2023

Date of Application

rtyson@merrougebank.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Ins	United Community Bank
Mailing address: PC	D Box 248
	Raceland, Louisiana 70394

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

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Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

866-505-3736

Area Code and Telephone Number

Brenda Hebert SVP, CFO

May 1, 2023

Name and Title of Officer

Date of Application

Brenda.Hebert@ucbanking.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Nan	ne of Financial Institution: United Mississ	іррі Ва	ink
	75 Melrose Montebell		
City	Natchez, MS 39120)	
of the	a above named financial institution does hereby make applignation as a State Depository/Fiscal Agent under the prone Louisiana Revised Statutes of 1950. Said designation sergency Board and shall expire on a date determined by the Treasury recommends the revocation of said designation	visions of Se shall take effe the Board un	ections 317 and 320 of Title 49 ect upon approval of the Interim less the Louisiana Department
The	undersigned agrees that the above named financial institu	ition shall:	
(a)	Maintain deposit insurance through the Federal Depo Credit Union Administration or their successors and s immediately, in writing, if such deposit insurance is to be	hall notify the	Department of the Treasury
(b)	Maintain collateral for any funds on deposit by any state 319 of Title 49 of the Louisiana Revised Statutes of amount insured by the Federal Deposit Insurance Administration by the pledge of securities in the manner	1950) which Corporation (shall exceed at any time the
Atta	rched to and as a part of this official application is the follow For Banks and Savings and Loan Associations: Council (FFIEC) Consolidated Report of Condition a Schedule RI - Income Statement, Schedule RC Regulatory Capital, as of December 31 for the preced For Credit Unions: National Credit Union Asso Certification Page, Statement of Financial Condition PCA Net Worth Calculation Worksheet, as of December 1.	Federal Fir and Income - Balance S ing two years ciation (NCU	hancial Institution Examination (Call Report) Signature Page, heet, and Schedule RC-R - A) Form 5300 (Call Report) of Income and Expense, and
and	undersigned does hereby declare that this application belief and that the above named institution agrees to scribed above.	is true to ti comply with	ne best of his/her knowledge the conditions and statutes
	Adur Soule	601	445 - 7113 e and Telephone Number
Sign	nature of Authorized Officer	Area Code	and Telephone Number
	Adrian Sandel CEO	41	25/23
Nan	ne and Title of Officer	Date of Ap	pplication
	adrian Sandel Cunifednsbk. Com		

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Ins	U.S. Bank National Association	
	dress: 800 Nicollet Mall	
	Minneapolis, MN 55402	

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

The undersigned agrees that the above named financial institution shall:

- (a) Maintain deposit insurance through the Federal Deposit Insurance Corporation or the National Credit Union Administration or their successors and shall notify the Department of the Treasury immediately, in writing, if such deposit insurance is to be terminated and
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Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

Date of Application

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

Greer Almquist Senior Vice President

913.484.6908

Area Code and Telephone Number

4-18-2023

Name and Title of Officer

greer.almquist@usbank.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Nan	ne of Financial Institution: Washington State Bank			
Mai	ling address: Po Box 129			
City	, State, Zip Code: Washington, LA 70589			
des of the Eme	above named financial institution does hereby make application to the Interim Emergency Board for ignation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 4 are Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interior ergency Board and shall expire on a date determined by the Board unless the Louisiana Department of Treasury recommends the revocation of said designation prior to that date.			
The	undersigned agrees that the above named financial institution shall:			
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and	undersigned does hereby declare that this application is true to the best of his/her knowledg belief and that the above named institution agrees to comply with the conditions and statute scribed above.			
/	JULIU / VUCC (337) 826-3641 Area Code and Telephone Number			
Sign	nature of Authorized Officer Area Code and Telephone Number			
Si	The And Title of Officer EVP - CFO 5 2 20 23 Date of Application			
51	JSIE COWS bank La. Com			

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution: Winnsboro State Bank & Trust (Co.
Mailing address: P.O. Box 970	
city, State, Zip Code: Winnsboro, LA 71295	

The above named financial institution does hereby make application to the Interim Emergency Board for designation as a State Depository/Fiscal Agent under the provisions of Sections 317 and 320 of Title 49 of the Louisiana Revised Statutes of 1950. Said designation shall take effect upon approval of the Interim Emergency Board and shall expire on a date determined by the Board unless the Louisiana Department of the Treasury recommends the revocation of said designation prior to that date.

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Attached to and as a part of this official application is the following documentation:

For Banks and Savings and Loan Associations: Federal Financial Institution Examination Council (FFIEC) Consolidated Report of Condition and Income (Call Report) Signature Page, Schedule RI - Income Statement, Schedule RC - Balance Sheet, and Schedule RC-R - Regulatory Capital, as of December 31 for the preceding two years.

For Credit Unions: National Credit Union Association (NCUA) Form 5300 (Call Report) Certification Page, Statement of Financial Condition, Statement of Income and Expense, and PCA Net Worth Calculation Worksheet, as of December 31 for the preceding two years.

The undersigned does hereby declare that this application is true to the best of his/her knowledge and belief and that the above named institution agrees to comply with the conditions and statutes prescribed above.

Signature of Authorized Officer

318-435-7535

Area Code and Telephone Number

Howard Dee Smith, CEO/President

04/17/2023

Name and Title of Officer

Date of Application

hsmith@winnsborobank.com

Email Address

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Name of Financial Institution: Wymar Federa	al Credit Union
Mailing address: PO Box 457	
city, State, Zip Code: Geismar, LA 70734	1
The above named financial institution does hereby make apple designation as a State Depository/Fiscal Agent under the proof the Louisiana Revised Statutes of 1950. Said designation Emergency Board and shall expire on a date determined by of the Treasury recommends the revocation of said designation	ovisions of Sections 317 and 320 of Title 49 shall take effect upon approval of the Interim the Board unless the Louisiana Department
The undersigned agrees that the above named financial instit	ution shall:
(a) Maintain deposit insurance through the Federal Dep Credit Union Administration or their successors and s immediately, in writing, if such deposit insurance is to be	shall notify the Department of the Treasury
(b) Maintain collateral for any funds on deposit by any state 319 of Title 49 of the Louisiana Revised Statutes of amount insured by the Federal Deposit Insurance Administration by the pledge of securities in the manner	1950) which shall exceed at any time the Corporation or the National Credit Union
Attached to and as a part of this official application is the followard Banks and Savings and Loan Associations Council (FFIEC) Consolidated Report of Condition Schedule RI - Income Statement, Schedule RC Regulatory Capital, as of December 31 for the preceded For Credit Unions: National Credit Union Association Page, Statement of Financial Condition PCA Net Worth Calculation Worksheet, as of December 1975.	Federal Financial Institution Examination and Income (Call Report) Signature Page, - Balance Sheet, and Schedule RC-R - ing two years. sciation (NCUA) Form 5300 (Call Report) , Statement of Income and Expense, and
The undersigned does hereby declare that this applicatio and belief and that the above named institution agrees to prescribed above.	n is true to the best of his/her knowledge comply with the conditions and statutes
Cami Wheeler	225-673-7183
Signature of Authorized Officer	Area Code and Telephone Number
Cami Wheeler, Executive VP	5/8/2023
Name and Title of Officer	Date of Application
cwheeler@wvmarfcu.com	

Send the completed application form along with the required documentation via email to ieb@la.gov, or you can mail the original application and required documentation to:

Interim Emergency Board Post Office Box 94095 Baton Rouge, Louisiana 70804-9095