[Your Name/Title]
[Institution Name]
[Institution Address]
[City, State, Zip Code]
[Date]

[Name of Contact Person, if known]
Division of Insurance and Research
Federal Deposit Insurance Corporation
[FDIC Regional Office Address]
[City, State, Zip Code]

RE: Formal Request for Reconsideration of Deposit Insurance Assessment Rate

Dear [Name or "To Whom It May Concern"],

Pursuant to 12 CFR Section 327.4(c), [Institution Name] (Certificate #[Number]) hereby submits this formal request for the reconsideration of the deposit insurance assessment rate assigned for the assessment period ending [Date].

On [Date of Notice], our institution received notification that our assessment rate was set at [Current Rate]. We believe this rate does not accurately reflect the current risk profile of our institution due to the following reasons:

- **Financial Performance:** [Briefly describe improvements in capital ratios, earnings, or liquidity].
- **Risk Mitigation:** [Briefly describe changes in management, loan portfolio quality, or internal controls].
- **Specific Adjustments:** [Address specific factors like CAMELS ratings, financial ratios, or additional risk measures you are contesting].

Attached to this letter is supporting documentation, including [List attachments, e.g., recent Call Reports, internal audits, or strategic plans], which demonstrates that a more appropriate assessment rate would be [Requested Rate].

We request a review of this information and a formal determination regarding our assessment rate. Should you require further clarification or additional data, please contact [Point of Contact Name] at [Phone Number] or [Email Address].

Thank you for your time and consideration of this request.

Sincerely,

[Signature]
[Printed Name]
[Title]