

[Date]

[Recipient Name]

[Title]

[Regulatory Body Name/Department]

[Address Line 1]

[Address Line 2]

RE: Quarterly Uninsured Deposit Call Report Submission - [Quarter/Year]

To Whom It May Concern,

Enclosed please find the Quarterly Uninsured Deposit Call Report for [Financial Institution Name] for the period ending [Date].

This report has been prepared in accordance with [Reference Specific Regulation or Statute] and provides an itemized breakdown of all deposits exceeding the applicable insurance limits. The total amount of uninsured deposits reported for this period is \$[Amount].

We certify that the information contained in this report is accurate and reflects the financial records of this institution as of the reporting date.

Should you require any additional information or clarification regarding this filing, please contact [Contact Person Name] at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Name of Authorized Officer]

[Title]

[Financial Institution Name]