Department of Commerce
Division of Financial Institutions
John R. Kasich, Governor
David Goodman, Director

January 24, 2012

To: Credit Union Manager Addressed

From: Michael Wettrich, Deputy Superintendent for Credit Unions, Division of Financial Institutions

Subject: Re: 2012 Credit Union Roster of Officials
(To be filed in accordance with Ohio Administrative Code 1301:9-1-03(B)(1) Regulating Ohio State-Chartered Credit Unions)

Due Date: Within Ten days after Your Credit Union's 2012 Annual Meeting

Please complete the enclosed 2012 Credit Union Roster of Officials form and send to the Ohio Division of Financial Institutions within ten days after your credit union's 2012 annual meeting.

As a reminder, pursuant to Section 1733.10 (C) of the Ohio Credit Union Act (the "Act"), each director when elected is required to take an oath regarding his/her duties and responsibilities. This section of the Act says,

> *"Each director and officer of a credit union shall, when appointed or elected, take an oath that he will, so far as the duty devolves upon him, diligently and honestly administer the affairs of the credit union, and will not knowingly violate, or willingly permit to be violated, any law applicable to such credit union. Such oath shall be subscribed by the person making it, and certified by an officer authorized to administer oaths. A copy shall be filed in the records of the credit union."*

Should you have any questions, please call Emily Mann at 614-644-9578.

Enclosure

77 South High Street
21st Floor
Columbus, Ohio 43215-6120 U.S.A.

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OHIO DEPARTMENT OF COMMERCE - DIVISION OF FINANCIAL INSTITUTIONS
CREDIT UNION ROSTER OF OFFICIALS - 2012

(Please type and attach additional sheets where necessary)

_____ _____

(Name of Credit Union) **Date of 2012 Annual Meeting**

_____, Ohio _____

(Street Address of Home Office) City (Zip)

_____, Ohio _____

(Mailing Address if Different from Street Address) City (Zip)

Telephone Number: (_____) _____ *Fax Number:* (_____) _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Main Office Hours							

Website Address: http://	Credit Union General e-mail address:

Credit Union Contact Information

	Primary Contact	Alternate Contact *
Name		
Title		
CU Phone Number and extension		
CU E-mail Address		
Home Phone Number		
Cell Phone Number		
Personal E-mail Address		

*** Designate an Alternate Contact in the event that the Primary Contact is unavailable. This person should either be a management person in the credit union or the head of credit union's Board of Directors.**

Consumer Complaint Contact Information

Name	Title	E-Mail Address	Phone Number

OHIO DEPARTMENT OF COMMERCE - DIVISION OF FINANCIAL INSTITUTIONS
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Board of Director Contact Information

Director Name	Director Title	Complete Home Address	Home Phone	Cell Phone

Audit Committee Chairperson:_____ Date Form Completed and Mailed to DFI _____

Branch Information

Branch Name	Address	City	Zip	County	Phone	Date Opened	Date Closed

IF YOU HAVE ADDITIONAL BRANCHES, PLEASE SUBMIT ON SEPARATE SHEET

Miscellaneous Information

Outside Auditor Name and Address	Date Auditor Hired
Bonding Company Name and Address	
Membership Officer Name, Title and E-mail address	