

Board of Governors of the Federal Reserve System



Changes in Investments and Activities of Top-Tier Financial Holding Companies, Bank Holding Companies and State Member Banks—FR Y-6A

Public reporting burden for the information collection is estimated to vary from .5 to 175 hours per response, with an average of 1 hour per response, including time to gather and maintain the data and complete the information collection. The Federal Reserve may not conduct or sponsor, and a person is not required to respond to an information collection unless it displays a currently valid OMB control number. Comments regarding this estimate or any other aspects of this information burden may be sent to Secretary, Board of Governors of the Federal Reserve System, Washington, D.C. 20551, and to the Office of Management and Budget, Washington, D.C. 20503.

Report within 30 Days following a change in the Reporter's investments or activities

This Report is required by law: Section 5(c) of the Bank Holding Company Act (12 U.S.C. 1844) and Section 225.5(b) of Regulation Y (12 CFR 225.5[b]).

FRB Use Only
ID_RSSD
COUNTY_CD
STATE_CD
STATUS_CONF

Report Date

 Month / Day / Year

Reporter

 Legal Name

 Physical Street Address

 Physical City, County, State / (Country), Zip Code

Check here if address changed

 Printed Name of Officer

 Signature of Officer

 Date of Signature

 Mailing Street Address

 Mailing City, State / (Country), Zip Code

Check here if address changed

 Printed Name of Person to Contact

 Phone Number of Contact

 FAX Number of Contact

 E-mail Address of Contact

Characteristics Schedule

This schedule should be used to report initial information on newly reportable companies, and changes to the characteristics of previously reported companies.

FRB Use Only	
ID_RSSD	
COUNTY_CD	
STATE_CD	
COUNTRY_CD	
CHTR_TYPE_CD	
ORG_TYPE_CD	

A) Name/Address Information

Current Information	Previous Information	
1) _____ Legal Name	_____	_____ Effective Date
2) _____ Physical Street Address (For BHCs/Depositories Only)	_____	_____ Effective Date
3) _____ Physical City, County, State / (Country), Zip Code	_____	_____

B) Other Characteristics Information

ITEM	NEW OR INITIAL VALUE	EFFECTIVE DATE (Changes Only)
1) Formation Date		
2) Charter Type		
Other, specify:		
3) Organization Type		
Organization Types: 1=Corporation, 2=General Partnership, 3=Limited Partnership, 4=Business Trust, 5=Sole Proprietorship, 6=Mutual, 9=Cooperative, 10=Limited Liability Partnership, 11=Limited Liability Corporation, 99=Other (Provide Explanation)		
4) Functionally Regulated Subsidiary		
Primary Regulators: 0=NA, 1=SEC/CFTC (regulated by both the Securities and Exchange Commission and Commodity Futures Trading Commission), 2=SEC, 3=State Securities Department, 4=State Insurance Commissioner, 5=CFTC, 6=Other		
5) Financial Subsidiary of a commercial bank (Y/N)		

Bank Holding Companies and Financial Holding Companies Only:

6) Fiscal Year End (MM/DD)		
7) SEC Reporting Status (Y/N)		
Y=Reporting/Filing with SEC, N=Not Reporting/Filing with SEC		
8) Election as Financial Holding Company (Y/N)		

Reporters (Including Unaffiliated State Member Banks):

9) Financial Subsidiary Holder (Y/N)		
--------------------------------------	--	--

Investments/Activities Schedule

Use this schedule to report initial organizational structure and activities and changes to the organizational structure and activities.

FRB Use Only	
E1	
E2	

Legal Name of the Direct Holder/Survivor	Physical Location (City, State/(Country))

Legal Name of the Subject Entity	Physical Location (City, State/(Country))

Transaction Types to Use for Investments: ADL, CMNC, DEC, INC, LIQ, MGR, NLR, OTH, SALE, TRF, TRT						
Transaction Type	Transaction Date	Basis of Relationship	Percent Equity	Control Indicator	DPC	Correction (Y, N)

If the transaction type is merger (MGR) involving banks, did this entity continue as a branch of the survivor? (Y, N) _____

Accounting Method: Circle One (Pooling of Interest or Purchase)

If subject entity was purchased from or sold to another Reporter, please provide the following: Circle One (Purchased, Sold)

Legal Name of the Reporter	Physical Location (City, State)

Transaction Types to Use for Activities: CMNC, PRIM, TERM				
Transaction Type	Transaction Date	Regulatory Code	Activity Code	Correction (Y, N)

Description of the Activity