

Board of Governors of the Federal Reserve System



EFFECTIVE 12/31/06

Supplement to the Report of Changes in Organizational Structure—FR Y-10S

(For reporting of current SEC reporting status pursuant to section 13(a) or 15(d) of the Securities Exchange Act of 1934 and CUSIP numbers)

Cover Page

Report as of the close of business on _____
(MM/DD/YYYY)

Legal Name of Top-Tier Banking Company (the Reporter)

Street Address

City/County

State/Province/Country Zip/Postal Code

For Federal Reserve Bank Use Only
RSSD ID _____

Person in the U.S. to whom questions about this report should be directed:

Name

Title

Area Code / Phone Number

FAX Number (including area code)

E-mail Address

Authorized Official:

Name

Title

Area Code / Phone Number

Signature of Authorized Official

Date of Signature

Public reporting burden for the information collection is estimated to average 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 any information collection unless it displays a currently valid OMB control number.

This report is required by law: Sections 4(k) and 5(c)(1)(A) of the Bank Holding Company Act (12 U.S.C. §§ 1843(k), 1844(c)(1)(A)); Section 8(a) of the International Banking Act (12 U.S.C. § 3106(a)); Sections 11(a)(1), 25(7) and 25A of the Federal Reserve Act (12 U.S.C. §§ 248(a)(1), 602, and 611a); Section 211.13(c) of Regulation K (12 CFR 211.13(c)); and Sections 225.5(b) and 225.87 of Regulation Y (12 CFR 225.5(b) and 225.87).

Schedule A—Change in SEC Reporting Status

To be completed as of December 31, 2006 by; (1) entities that became reporters in 2006 for themselves and any of their subsidiaries that are subject to section 13(a) or 15(d) of the Securities Exchange Act of 1934; and (2) reporters themselves and each subsidiary in which a change occurred in their SEC reporting requirements pursuant to section 13(a) or 15(d) of the Securities Exchange Act of 1934. Return Schedule A and the cover page to the appropriate Federal Reserve Bank.

_____ Legal Name of Entity	_____ Street Address	
_____ City/Country	_____ State/Province/Country	_____ Zip/Postal Code
		For Federal Reserve Bank Use Only RSSD ID _____
<p>Current SEC Reporting Status:</p> <p><input type="checkbox"/> Entity is subject to section 13(a) or 15(d) of the Securities Exchange Act of 1934 and section 404 of Sarbanes-Oxley Act of 2002</p> <p><input type="checkbox"/> Entity is subject to section 13(a) or 15(d) of the Securities Exchange Act of 1934 but is not subject to section 404 of Sarbanes-Oxley Act of 2002</p> <p><input type="checkbox"/> Entity has terminated or suspended its reporting requirements under section 13(a) or 15(d) of the Securities Exchange Act of 1934</p>		

_____ Legal Name of Entity	_____ Street Address	
_____ City/Country	_____ State/Province/Country	_____ Zip/Postal Code
		For Federal Reserve Bank Use Only RSSD ID _____
<p>Current SEC Reporting Status:</p> <p><input type="checkbox"/> Entity is subject to section 13(a) or 15(d) of the Securities Exchange Act of 1934 and section 404 of Sarbanes-Oxley Act of 2002</p> <p><input type="checkbox"/> Entity is subject to section 13(a) or 15(d) of the Securities Exchange Act of 1934 but is not subject to section 404 of Sarbanes-Oxley Act of 2002</p> <p><input type="checkbox"/> Entity has terminated or suspended its reporting requirements under section 13(a) or 15(d) of the Securities Exchange Act of 1934</p>		

_____ Legal Name of Entity	_____ Street Address	
_____ City/Country	_____ State/Province/Country	_____ Zip/Postal Code
		For Federal Reserve Bank Use Only RSSD ID _____
<p>Current SEC Reporting Status:</p> <p><input type="checkbox"/> Entity is subject to section 13(a) or 15(d) of the Securities Exchange Act of 1934 and section 404 of Sarbanes-Oxley Act of 2002</p> <p><input type="checkbox"/> Entity is subject to section 13(a) or 15(d) of the Securities Exchange Act of 1934 but is not subject to section 404 of Sarbanes-Oxley Act of 2002</p> <p><input type="checkbox"/> Entity has terminated or suspended its reporting requirements under section 13(a) or 15(d) of the Securities Exchange Act of 1934</p>		

Schedule A—Continued

Legal Name of Entity	Street Address	
City/Country	State/Province/Country	Zip/Postal Code
		For Federal Reserve Bank Use Only RSSD ID _____
Current SEC Reporting Status:		
<input type="checkbox"/> Entity is subject to section 13(a) or 15(d) of the Securities Exchange Act of 1934 and section 404 of Sarbanes-Oxley Act of 2002 <input type="checkbox"/> Entity is subject to section 13(a) or 15(d) of the Securities Exchange Act of 1934 but is not subject to section 404 of Sarbanes-Oxley Act of 2002 <input type="checkbox"/> Entity has terminated or suspended its reporting requirements under section 13(a) or 15(d) of the Securities Exchange Act of 1934		

Legal Name of Entity	Street Address	
City/Country	State/Province/Country	Zip/Postal Code
		For Federal Reserve Bank Use Only RSSD ID _____
Current SEC Reporting Status:		
<input type="checkbox"/> Entity is subject to section 13(a) or 15(d) of the Securities Exchange Act of 1934 and section 404 of Sarbanes-Oxley Act of 2002 <input type="checkbox"/> Entity is subject to section 13(a) or 15(d) of the Securities Exchange Act of 1934 but is not subject to section 404 of Sarbanes-Oxley Act of 2002 <input type="checkbox"/> Entity has terminated or suspended its reporting requirements under section 13(a) or 15(d) of the Securities Exchange Act of 1934		

Legal Name of Entity	Street Address	
City/Country	State/Province/Country	Zip/Postal Code
		For Federal Reserve Bank Use Only RSSD ID _____
Current SEC Reporting Status:		
<input type="checkbox"/> Entity is subject to section 13(a) or 15(d) of the Securities Exchange Act of 1934 and section 404 of Sarbanes-Oxley Act of 2002 <input type="checkbox"/> Entity is subject to section 13(a) or 15(d) of the Securities Exchange Act of 1934 but is not subject to section 404 of Sarbanes-Oxley Act of 2002 <input type="checkbox"/> Entity has terminated or suspended its reporting requirements under section 13(a) or 15(d) of the Securities Exchange Act of 1934		

Schedule B—CUSIP Numbers

To be completed on an event-generated basis by the reporter for itself and certain subsidiaries, as defined in the instructions. Use additional pages as needed. Report CUSIP data for new entities and report changes that have occurred for exiting entities. Return schedule B and the cover page to the appropriate Federal Reserve Bank.

Part I

Does the reporter, its lower-tier U.S. BHCs, its subsidiary U.S. banks, or its largest subsidiary U.S. nonbanking company have currently active six-digit CUSIP numbers for debt or equity issuances? Yes No

If "yes," complete Part II of Schedule B for all such companies.

If "no," return the cover page of the report and Schedule B to the appropriate Federal Reserve Bank.

Part II

This part should only be completed for the reporter, its lower-tier U.S. BHCs, its subsidiary U.S. banks and its largest subsidiary U.S. nonbanking company that have currently active six-digit CUSIP numbers for debt or equity issuances.

_____ Legal Name of the Entity	<p>Six-Digit CUSIP Number: (first six digits of the nine-digit CUSIP)</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
_____ Street Address	
_____ City/County	
_____ State/Province/Country	
_____ Zip/Postal Code	<div style="border: 1px solid black; padding: 2px;"> For Federal Reserve Bank Use Only RSSD ID _____ </div>

_____ Legal Name of the Entity	<p>Six-Digit CUSIP Number: (first six digits of the nine-digit CUSIP)</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
_____ Street Address	
_____ City/County	
_____ State/Province/Country	
_____ Zip/Postal Code	<div style="border: 1px solid black; padding: 2px;"> For Federal Reserve Bank Use Only RSSD ID _____ </div>

_____ Legal Name of the Entity	<p>Six-Digit CUSIP Number: (first six digits of the nine-digit CUSIP)</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
_____ Street Address	
_____ City/County	
_____ State/Province/Country	
_____ Zip/Postal Code	<div style="border: 1px solid black; padding: 2px;"> For Federal Reserve Bank Use Only RSSD ID _____ </div>

Board of Governors of the Federal Reserve System



EFFECTIVE 12/31/06

Annual Report of Bank Holding Companies—FR Y-6

Report at the close of business as of the end of fiscal year

This Report is required by law: Section 5(c)(1)(A) of the Bank Holding Company Act (12 U.S.C. § 1844(c)(1)(A)); Section 8(a) of the International Banking Act (12 U.S.C. § 3106(a)); Sections 11(a)(1), 25 and 25A of the Federal Reserve Act (12 U.S.C. §§ 248(a)(1), 602, and 611a); Section 211.13(c) of Regulation K (12 CFR 211.13(c)); and Section 225.5(b) of Regulation Y (12 CFR 225.5(b)). Return to the appropriate Federal Reserve Bank the original and the number of copies specified.

This report form is to be filed by all top-tier bank holding companies organized under U.S. law, and by any foreign banking organization that does not meet the requirements of and is not treated as a qualifying foreign banking organization under section 211.23 of Regulation K (12 CFR 211.23). The Federal Reserve may not conduct or sponsor, and an organization (or a person) is not required to respond to, an information collection unless it displays a currently valid OMB control number.

NOTE: The Annual Report of Bank Holding Companies must be signed by one director of the **top-tier bank holding company**. This individual should also be a senior official of the **top-tier bank holding company**. In the event that the **top-tier bank holding company** does not have an individual who is a senior official and is also a director, the chairman of the board must sign the report.

Date of Report (top-tier bank holding company's fiscal year-end):

Month / Day / Year

I, _____
Name and Title of the Bank Holding Company Director and Official

Legal Title of Bank Holding Company

attest that the Annual Report of Bank Holding Companies (including the supporting attachments) for this report date have been prepared in conformance with the instructions issued by the Federal Reserve System and are true and correct to the best of my knowledge and belief.

(Mailing Address of the Bank Holding Company) Street / P.O. Box

City / State / Zip Code

Signature of Bank Holding Company Director and Official

Physical location (if different from mailing address)

Date of Signature

For bank holding companies **not** registered with the SEC—

Person to whom questions about this report should be directed:

Indicate status of Annual Report to Shareholders:

- is included with the FR Y-6 report
- will be sent under separate cover
- is not prepared

Name / Title

Area Code / Phone Number

FAX Number

Does the reporter request confidential treatment for any portion of this submission?

E-mail Address

Yes Please identify the report items to which this request applies:

Address (URL) for the Bank Holding Company's web page

- In accordance with the instructions on page GEN-____, a letter justifying the request is being provided.
- The information for which confidential treatment is sought is being submitted separately labeled "Confidential."

No

For Federal Reserve Bank Use Only

RSSD Number _____

C.I. _____

For Use By Tiered Bank Holding Companies

Top-tiered bank holding companies must list the names, mailing address and physical locations of each of their subsidiary bank holding companies below.

Legal Title of Subsidiary Bank Holding Company

(Mailing Address of the Subsidiary Bank Holding Company) Street / P.O. Box

City / State / Zip Code

Physical location (if different from mailing address)

Legal Title of Subsidiary Bank Holding Company

(Mailing Address of the Subsidiary Bank Holding Company) Street / P.O. Box

City / State / Zip Code

Physical location (if different from mailing address)

Legal Title of Subsidiary Bank Holding Company

(Mailing Address of the Subsidiary Bank Holding Company) Street / P.O. Box

City / State / Zip Code

Physical location (if different from mailing address)

Legal Title of Subsidiary Bank Holding Company

(Mailing Address of the Subsidiary Bank Holding Company) Street / P.O. Box

City / State / Zip Code

Physical location (if different from mailing address)

Legal Title of Subsidiary Bank Holding Company

(Mailing Address of the Subsidiary Bank Holding Company) Street / P.O. Box

City / State / Zip Code

Physical location (if different from mailing address)

Legal Title of Subsidiary Bank Holding Company

(Mailing Address of the Subsidiary Bank Holding Company) Street / P.O. Box

City / State / Zip Code

Physical location (if different from mailing address)

Legal Title of Subsidiary Bank Holding Company

(Mailing Address of the Subsidiary Bank Holding Company) Street / P.O. Box

City / State / Zip Code

Physical location (if different from mailing address)

Legal Title of Subsidiary Bank Holding Company

(Mailing Address of the Subsidiary Bank Holding Company) Street / P.O. Box

City / State / Zip Code

Physical location (if different from mailing address)

Board of Governors of the Federal Reserve System



EFFECTIVE 12/31/06

Annual Report of Foreign Banking Organizations—FR Y-7

Report at the close of business as of the end of fiscal year

This report form is authorized by law: Section 7 and 13(a) of the International Banking Act of 1978 (12 U.S.C. 3106 and 3108 (a)). This report is to be filed by foreign banking organizations provided the organization meets the requirements of and is treated as a qualifying foreign banking organization under Section 211.23(a) of Regulation K or meets the requirements for limited exemption under Section 211.23(c) of Regulation K.

Return to the appropriate Federal Reserve Bank the original and number of copies of the completed report required by the Federal Reserve Bank. The Federal Reserve may not conduct or sponsor, and an organization (or a person) is not required to respond to, an information collection unless it displays a currently valid OMB control number.

NOTE: The Annual Report of Foreign Banking Organizations must be signed by an authorized official of the foreign banking organization.

I, _____
Name and Title of Foreign Banking Organization Authorized Official

attest that the Annual Report of Foreign Banking Organizations (including the supporting attachments) for this report date have been prepared in conformance with the instructions issued by the Federal Reserve System and are true and correct to the best of my knowledge and belief.

Signature of Foreign Banking Organization Authorized Official

Date of Signature

Does the reporter request confidential treatment for any portion of this submission?

Yes Please identify the report items to which this request applies:

 In accordance with the instructions on page GEN-____, a letter justifying the request is being provided.

The information for which confidential treatment is sought is being submitted separately labeled "Confidential."

No

For Federal Reserve Bank Use Only
RSSD Number _____
C.I. _____

Date of Report (foreign banking organization's fiscal year end):

Month / Day / Year

Legal Name of Foreign Banking Organization (Top-tier if filing as a tiered organization)

Street Address of the Foreign Banking Organization

City / Country

Mailing Address of Principal Office (If different from street address)

City / Country

Person in the United States to whom questions about this report should be directed:

Name / Title

Street

City / State / Zip Code

Area Code / Phone Number

Area Code / Fax Number

E-mail Address

Address (URL) for the Foreign Banking Organization's web page

Checklist

The checklist below is provided to assist the reporting foreign banking organization in filing all the necessary responses to the various report items. Each report item should be checked and the appropriate blanks filled in. The completed checklist should be returned with the report.

Check the **Yes**, **No** or **N/A** checkbox below, as appropriate, to indicate if the report item is included with the initial filing.

Report Item 1: Financial Information Regarding the Foreign Banking Organization (FBO)

Yes No 1(a) Response provided in Attachment(s) # _____

Yes 1(b) Response provided in Attachment(s) # _____

Report Item 2: Organization Information for the FBO

Yes 2(a) Response provided in Attachment(s) # _____

Yes N/A 2(b) Response provided in Attachment(s) # _____

Report Item 3: Shares and Shareholders

Yes 3(a) Response provided on report page or in Attachment(s) # _____

Yes No 3(b) Response provided on report page or in Attachment(s) # _____

Yes No 3(c) Response provided on report page or in Attachment(s) # _____

Report Item 4: Eligibility as a Qualified Foreign Banking Organization (QFBO)

Yes No Items 4(e) and 4(f) have been completed and provided in Attachment(s) # _____

Yes N/A Items 4(j) and 4(k) have been completed and provided in Attachment(s) # _____

Yes N/A Items 4(l) and 4(m) have been completed and provided in Attachment(s) # _____

For Use by Tiered Foreign Banking Organizations

Tiered foreign banking organizations must list the legal name, mailing address, and physical location of subsidiary foreign banking organizations below. Refer to Who Must Report in the general instructions for filing by tiered foreign banking organizations.

A. For the fiscal year ending on _____, _____, _____
Month Day Year

Legal name of subsidiary foreign banking organization: _____

Mailing address of head office: _____
Street

City Country

Physical location of principal office: _____
(not mailing address) Street

City Country

Name and address of authorized official in the United States: _____

Street

City State ZIP Code

Area Code / Phone Number Area Code / Fax Number

E-mail Address

I, _____
Name Title

an authorized official of the company named above, certify that this *Annual Report of Foreign Banking Organizations* has been prepared in conformance with the report instructions.

Signature of Authorized Official Date

For Use by Tiered Foreign Banking Organizations—continued

(If the Foreign Banking Organization has more than two tiers, use additional pages as needed.)

B. For the fiscal year ending on _____ , _____
Month Day Year

Legal name of subsidiary foreign banking organization: _____

Mailing address of head office: _____
Street

City Country

Physical location of principal office: _____
(not mailing address) Street

City Country

Name and address of authorized official in the United States: _____

Street

City State ZIP Code

Area Code / Phone Number Area Code / Fax Number

E-mail Address

I, _____
Name Title

an authorized official of the company named above, certify that this *Annual Report of Foreign Banking Organizations* has been prepared in conformance with the report instructions.

Signature of Authorized Official Date

Board of Governors of the Federal Reserve System



Report of Changes in Organizational Structure - FR Y-10

Cover Page

Submission Date _____

(MM/DD/YYYY)

July 28, 2006
DRAFT
Effective June 2007

Reporter's Name, Street and Mailing Address

Legal Name

Street Address

City and County

State/Province, Country

Zip/Postal Code

Reporter's Mailing Address (if different from street address)

Mailing City

Mailing State/Province, Country

Zip/Postal Code

Contact's Name and Mailing Address for this Report

Name and Title

Phone Number (include area code and if applicable, the extension)

Fax Number (include area code)

E-mail Address

Contact's Mailing Address (if different from reporter's)

Mailing City

Mailing State/Province, Country

Zip/Postal Code

Authorized Official

I, _____,
Printed Name & Title

am an authorized official of this company named above, and hereby declare that this report is true and complete to the best of my knowledge and belief.

Signature of Authorized Official

Date of Signature

Does the reporter request confidential treatment for any portion of this submission?

Yes

Please identify the report schedule(s) and item(s) to which this request applies: _____

In accordance with the instructions on page GEN-3, a letter justifying the request is being provided.

The information for which confidential treatment is sought is being submitted separately and labeled "Confidential."

No

Public reporting burden for the information collection is estimated to average 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 any information collection unless it displays a currently valid OMB control number.

This report is required by law: Sections 4(k) and 5(c)(1)(A) of the Bank Holding Company Act (12 U.S.C. §§ 1843(k), 1844(c)(1)(A)); Section 8(a) of the International Banking Act (12 U.S.C. § 3106(a)); Sections 11(a)(1), 25(7) and 25A of the Federal Reserve Act (12 U.S.C. §§ 248(a)(1), 321, 601, 611a and 615); Section 211.13(c) of Regulation K (12 CFR 211.13(c)); and Sections 225.5(b) and 225.87 of Regulation Y (12 CFR 225.5(b) and 225.87).

FRB Use Only

ID_RSSD _____

Banking Schedule

Use this schedule to report information about a reporter that is a Banking Company, and about a reporter's directly or indirectly held interests in a banking company.

Check box if correction:

1.a Event Type (check one or more):

- Acquisition of a Going Concern
- De Novo Formation
- External Transfer
- Internal Transfer
- If other, please describe: _____

1.b Date of Event : _____

(MM/DD/YYYY)

- Change in Ownership
- Liquidation
- Change in Characteristics
- Change in Activity or Legal Authority

- No Longer Reportable
- Became Inactive
- Debts Previously Contracted
- Became Reportable

July 28, 2006
 DRAFT
 Effective June 2007

Characteristics Section

2.a _____
Legal Name of Banking Company

2.b _____
If Name Change or Correction, Prior Legal Name of Banking Company

3.a _____
Current Street Address

3.b _____
If Relocation or Correction, Prior Street Address

City and County

If Relocation or Correction, Prior City and County

State/Province, Country, and Zip/Postal Code

If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code

4. Date Opened: _____
(MM/DD/YYYY)

5. Fiscal Year End (FBOs and BHCs Only): _____
(MM/DD)

6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
 Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
 Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number:
not required for FBOs leading six digits only

8. Banking Company Type: BHC FBO U.S. Commercial Bank U.S. State Chartered Savings Bank
 If other, please describe: _____

9. Business Organization Type: Corporation General Partnership Limited Partnership
 Business Trust Sole Proprietorship Mutual
 Cooperative Limited Liability Partnership Limited Liability Co./Corp.
 If other, please describe: _____

Ownership Section (report at direct holder level unless otherwise noted)

10. Direct Holder's Name and Location: _____
Legal Name City, State/Province, Country

11.a Percentage of a Class of Voting Shares: _____ % or 11.b Percentage of Nonvoting Equity: _____ %

11.c Other Interest: Yes No

12. Control by Direct Holder: Yes No 13. Control by Reporter: Yes No

14. Former Direct Holder's Name and Location (if applicable):

Legal Name of Former Direct Holder City, State/Province, Country

Activity and Legal Authority Section (for List of FRS legal authority and NAICS activity codes, see Appendices A and B of the Instructions)

Activity Type	FRS Legal Authority Code	NAICS Activity Code	Description of Activity
15.a Primary Activity	_____	_____	_____
15.b Secondary Activity <small>(FBOs and BHCs only)</small>	_____	_____	_____
15.c Termination of Activity	_____	_____	_____

Nonbanking Schedule

Use this schedule to report information about a reporter that is a Nonbanking Company and a reporter's directly or indirectly held interests in a Nonbanking Company.

Check box if correction:

- 1.a Event Type (check one or more):
- | | | |
|---|--|---|
| <input type="checkbox"/> Acquisition of a Going Concern | <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> No Longer Reportable |
| <input type="checkbox"/> De Novo Formation | <input type="checkbox"/> Liquidation | <input type="checkbox"/> Became Inactive |
| <input type="checkbox"/> External Transfer | <input type="checkbox"/> Change in Characteristics | <input type="checkbox"/> Became Reportable |
| <input type="checkbox"/> Internal Transfer | <input type="checkbox"/> Change in Activity or Legal Authority | |
| <input type="checkbox"/> If other, please describe: _____ | | |
- 1.b Date of Event : _____ (MM/DD/YYYY)

July 28, 2006
 DRAFT
 Effective June 2007

Characteristics Section

- 2.a _____
Legal Name of Nonbanking Company
- 2.b _____
If Name Change or Correction, Prior Legal Name of Nonbanking Company
- 3.a _____
City and County
- 3.b _____
If Relocation or Correction, Prior City and County
- _____ State/Province, Country, and Zip/Postal Code
If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code
4. If the Nonbanking Company is a Functionally Regulated Subsidiary, indicate its functional regulator:
- | | | |
|---|--|--|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> SEC and CFTC | <input type="checkbox"/> SEC Only |
| <input type="checkbox"/> CFTC Only | <input type="checkbox"/> State Securities Department | <input type="checkbox"/> State Insurance Regulator |
5. Is the Nonbanking Company a Financial Subsidiary of an insured Depository Institution? Yes No
6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
 Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
 Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934
7. CUSIP Number:
see instructions for when applicable leading six digits only
8. Nonbanking Company Type (see instructions for list): _____
 If other, please describe: _____
9. Business Organization Type: Corporation General Partnership Limited Partnership
 Business Trust Sole Proprietorship Mutual
 Cooperative Limited Liability Partnership Limited Liability Co./Corp.
 If other, please describe: _____

Ownership Section (report at direct holder level unless otherwise noted)

10. Direct Holder's Name and Location: _____
Legal Name City, State/Province, Country
- 11.a Percentage of a Class of Voting Shares: 100% 80% to <100 >50% to <80% 25% to 50%
 <25% but 25% or more in the aggregate or otherwise controlled elsewhere within the organization
- 11.b Other Interest: Yes No
12. Control by Direct Holder: Yes No
13. Regulation K, Subpart A Investments: Portfolio Investment Joint Venture Subsidiary
14. Former Direct Holder's Name and Location (if applicable): _____
Legal Name of Former Direct Holder City, State/Province, Country

Activity and Legal Authority Section (for List of FRS legal authority and NAICS activity codes, see Appendices A and B of the Instructions)

- | Activity Type | FRS Legal Authority Code | NAICS Activity Code | Description of Activity |
|------------------------------|--------------------------|---------------------|-------------------------|
| 15.a Primary Activity | _____ | _____ | _____ |
| 15.b Secondary Activity | _____ | _____ | _____ |
| 15.c Termination of Activity | _____ | _____ | _____ |

Merger Schedule

Use this schedule to report certain types of mergers involving a reporter or company within the reporter's organizational structure.

Check box if correction:

1. First Full Calendar Date the Nonsurvivor No Longer Exists: _____
(MM/DD/YYYY)

July 28, 2006
DRAFT
Effective June 2007

2. Survivor: _____
Legal Name

City, State/Province, Country

3. Nonsurvivor: _____
Legal Name

City, State/Province, Country

Item 4 only applies to mergers involving an insured Depository Institution organized under U.S. law.

4. Did the head office of the nonsurvivor become a branch of the survivor? Yes No

4(k) Schedule

Use this schedule to provide required post-transaction notice for activities, formations and acquisitions of companies, and large merchant banking and insurance company investments authorized under Section 4(k) of the Bank Holding Company Act.

Check box if correction:

Post-Transaction Notice Section

1.a Event Type (check one only):

1.b Date of Event : _____
(MM/DD/YYYY)

- New Activity Commenced Directly by an FHC or Through an Existing Subsidiary
 New Activity Commenced Through Acquisition of a Going Concern Acquisition of a Going Concern **without** a New Activity
 New Activity Commenced Through a De Novo Formation De Novo Formation **without** a New Activity

2. New Activities Commenced

Item 2 is only reportable for new activities. For the event type checked in item 1.a, report the FRS Legal Authority code and the five or six-digit NAICS activity code for each new activity. Provide a text description of the activity if unable to identify a five or six-digit NAICS activity corresponding to the activity.

	FRS Legal Authority Code (check one)	NAICS Activity Code	Description of Activity
2.a	<input type="checkbox"/> 311 / <input type="checkbox"/> 312	_____	_____
2.b	<input type="checkbox"/> 311 / <input type="checkbox"/> 312	_____	_____
2.c	<input type="checkbox"/> 311 / <input type="checkbox"/> 312	_____	_____

July 28, 2006
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 Effective June 2007

Large Merchant Banking or Insurance Company Investments Section

Use this section to report certain merchant banking or insurance company investments when the FHC directly or indirectly acquires more than 5 percent of a Nonbanking Company's voting shares or total equity or assets and the cost of the investment exceeds 1) \$200 million; or 2) 5 percent of tier 1 capital, whichever is less.

1. Date of Event _____
MM/DD/YYYY

2. Direct Holder's Name and Location

Legal Name _____

City and County _____ State/Province _____ Country _____

3. Nonbanking Company's Name and Location

Legal Name _____

City and County _____ State/Province _____ Country _____

4. Direct Holder's Investment in Nonbanking Company
Report the percentage amount in a, b, or c, as applicable.

- a. _____ % Voting Securities
- b. _____ % Total Equity
- c. _____ % Assets

5. Initial Aggregate Cost of Investment to the FHC: \$ _____ (in millions of U.S. dollars)

Branch, Agency, and Representative Office of FBOs Schedule

Use this schedule to report information about U.S. branches, agencies, representative offices, and managed non-U.S. branches of top-tier and subsidiary Foreign Banking Organizations.

Report all offices, including inactive offices that continue to retain their license.

Check box if correction:

1.a Event Type (check one only):

1.b Date of Event : _____

(MM/DD/YYYY)

Opening

License Issued

Relocation

Change in Office Type

Became Inactive

License Surrendered

Commenced Activities Through
Managed Non-U.S. Branch

Ceased Activities Through
Managed Non-U.S. Branch

If Other, please describe event type: _____

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Characteristics Section

2. Office Type (including Managed Non-U.S. Branches)

Branch

Agency

Representative Office

3.

Popular Name

4.a Current Address

4.b Previous Address (if changes have occurred)

Current Street Address

If Relocation or Correction, Prior Street Address

City and County

If Relocation or Correction, Prior City and County

State, Country, and Zip/Postal Code

If Relocation or Correction, Prior State, Country, and Zip/Postal Code

5.

Head Office Legal Name

City, Province, Country and Zip/Postal Code

Foreign Branches of U.S. Banking Organizations Schedule

Use this schedule to report information about foreign branches of U.S. banking organizations, including member banks, Edge and agreement corporations, bank holding companies, and foreign subsidiaries. The term "foreign" refers to one or more foreign nations, and includes the overseas territories, dependencies, and insular possessions of those nations and of the United States and the Commonwealth of Puerto Rico.

Report all offices, including inactive offices that continue to retain their license.

Check box if correction:

1.a Event Type (check one only):

1.b Date of Event : _____
(MM/DD/YYYY)

Opening Closure Relocation

If Other, please describe event type: _____

Characteristics Section

2. Office Type:

Full-Service Branch Shell Branch Other

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3. Date of Board Consent or Prior Notification (if applicable): _____

4. _____
Popular Name

5.a Current Address

5.b Previous Address (if changes have occurred)

Current Street Address

If Relocation or Correction, Prior Street Address

City

If Relocation or Correction, Prior City

Province, Country, and Zip/Postal Code

If Relocation or Correction, Prior Province, Country, and Zip/Postal Code

6. _____
Head Office Legal Name

City, State, Country and Zip/Postal Code

Domestic Branch Schedule

Use this schedule to report information on:

- 1) branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly by top-tier BHCs and state member banks that are not affiliated with a BHC; and,
- 2) branches of Edge and agreement corporations.

Check box if correction:

1.a Event Type:

1.b Date of Event: _____
(MM/DD/YYYY)

- | | | |
|--|---|--|
| <input type="checkbox"/> Opening (De Novo) | <input type="checkbox"/> Purchase of Branches | <input type="checkbox"/> Acquisition of Branches Through Merger/Absorption |
| <input type="checkbox"/> Sale of Branches | <input type="checkbox"/> Closure | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Name Change | <input type="checkbox"/> Change in Service Type | <input type="checkbox"/> Deletion of Erroneously Reported Branch/Office |
| <input type="checkbox"/> If Other, please describe event type: _____ | | |

Characteristics Section

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2. Check applicable service type:

- | | | |
|---|--|--|
| <input type="checkbox"/> Full Service | <input type="checkbox"/> Limited Service | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Electronic Banking | <input type="checkbox"/> Administrative | <input type="checkbox"/> Loan Production and Consumer Credit |

3. _____
Popular Name

4.a Current Address

4.b Previous Address (if changes have occurred)

Current Street Address

If Relocation or Correction, Prior Street Address

City and County

If Relocation or Correction, Prior City and County

State, Country, and Zip/Postal Code

If Relocation or Correction, Prior State, Country, and Zip/Postal Code

5. _____
Head Office Legal Name

City, State, Country and Zip/Postal Code

6. For Event Types Sale or Purchase of Branches, provide the name and address of the domestic depository institution involved in the transaction and the number of branches sold or purchased:

Name of Other Depository Institution that Sold or Purchased Branches

Number of Branches Sold or Purchased

City, State, Country and Zip/Postal Code