Board of Governors of the Federal Reserve System

Report of Changes in Organizational Structure—FR Y-10

This report is required by law: Section 5(c)(1) of the Bank Holding Company Act (12 U.S.C. § 1844(c)(1)); section 10(b)(2) of the Home Owners' Loan Act (12 U.S.C. § 1467a(b)(2)); section 618 of the Dodd-Frank Wall Street Reform and Consumer Protection Act (12 U.S.C. § 1850a(c)(1)); sections 9(6), 25, and 25A of the Federal Reserve Act (12 U.S.C. §§ 324, 602, and 625); and sections 8(a) and 13(a) of the International Banking Act of 1978 (12 U.S.C. §§ 3106(a) and 3108(a)).

Reporter's Name, Street, and Mailing Address

Date of Report: _____
Month / Day / Year (SCCP 9999)

Legal Name (SCCP 9017)

Physical Street Address (SCCP 9028)

Reporter's Mailing Address (if different from physical street address) (SCCP 9110)

City (SCCP 9130) | County (SCCP 9160)

Mailing City (SCCP F206)

State / Province (SCCP PQ62) | Country (SCCP 9005)

Mailing State / Province (SCCP PQ63) | Country (SCCP PP24)

Zip / Postal Code (SCCP 9220)

Zip / Postal Code (SCCP F208)

Contact's Name and Mailing Address for this Report

Name (SCCP 9123) | Title (SCCP 9124)

Contact's Mailing Address (if different from reporter's) (SCCP 9185)

Area Code / Phone Number (SCCP 9126) | Extension (SCCP 9164)

Mailing City (SCCP 9187)

Area Code / FAX Number (SCCP 9116)

Mailing State / Province (SCCP PQ65) | Country (SCCP 9188)

E-mail Address (SCCP C368)

Zip / Postal Code (SCCP 9189)

Authorized Official

I, _____ _____,
Printed Name (SCCP C490) | Title (SCCP C491)

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 (SCCP H321)

Date of Signature (SCCP J196)

For Federal Reserve Bank Use Only

RSSD ID _____

Reporter's Legal Entity Identifier (LEI)

20-Character LEI Code (SCCP 9224)

Is confidential treatment requested for any portion of this report submission? .....

0=No	SCCP	
1=Yes	C447	

In accordance with the General Instructions for this report (check only one),

1. a letter justifying this request is being provided along with the report (SCCP KY38) ..... ☐
2. a letter justifying this request has been provided separately (SCCP KY38)..... ☐

NOTE: Information for which confidential treatment is being requested must be provided separately and labeled as "confidential."

Public reporting burden for the information collection is estimated to average 2.50 hours 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Secretary, Board of Governors of the Federal Reserve System, 20th and C Streets, NW, Washington, DC 20551, and to the Office of Management and Budget, Paperwork Reduction Project (7100-0297), Washington, DC 20503.

For Federal Reserve Bank Use Only
ID_RSSD_E1 (direct holder) _____
ID_RSSD_E2 (reportable company) _____
If applicable, former d/h _____

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 (SCBK PP27) ☐

1.a. Event Type (check all that apply): (SCBK PP55)

1.b. **Date of Event:** _____ (MM / DD / YYYY) (SCBK 9007)

- ☐ Acquisition of a Going Concern
- ☐ De Novo Formation
- ☐ External Transfer
- ☐ Internal Transfer
- ☐ Other, describe: _____ (SCBK PP58)
- ☐ Change in Ownership
- ☐ Liquidation
- ☐ Change in Characteristics
- ☐ Change in Activity or Legal Authority
- ☐ No Longer Reportable
- ☐ Became Inactive
- ☐ Debts Previously Contracted
- ☐ Became Reportable

Characteristics Section

If Name Change, Relocation, or Correction

2.a. _____ Legal Name of Banking Company (SCBK 9017)

2.b. _____ Prior Legal Name of Banking Company (SCBK PQ49)

3.a. _____ Current Street Address (Physical Location) (SCBK 9028)

3.b. _____ Prior Street Address (Physical Location) (SCBK PQ87)

_____ City (SCBK 9130)
_____ County (SCBK 9160)
_____ State / Province (SCBK PQ68)
_____ Country (SCBK 9005)
_____ Zip / Postal Code (SCBK 9220)

_____ Prior City (SCBK PQ12)
_____ Prior County (SCBK PQ36)
_____ Prior State / Province (SCBK PQ72)
_____ Prior Country (SCBK PQ23)
_____ Prior Zip / Postal Code (SCBK PQ94)

_____ State of Incorporation (SCBK PQ80)
_____ Or Country (if foreign) of Incorporation (SCBK PQ29)

_____ Prior State of Incorporation (SCBK PQ81)
_____ Or Prior Country (if foreign) of Incorporation (SCBK PQ30)

4. Date Opened: _____ (MM / DD / YYYY) (SCBK 9950)

5. Fiscal Year End (BHCs, IHCs, FBOs Only): _____ (MM/DD) (SCBK 9054)

6. SEC Reporting Status: (SCBK 9056)
- ☐ 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 (SCBK 9161)

8.a. Tax ID Number: ☐☐ – ☐☐☐☐☐☐☐ (SCBK 6191)

8.b. Legal Entity Identifier (LEI): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (SCBK 9224)

9. Banking Company Type: (SCBK PP31)
- ☐ BHC ☐ IHC ☐ FBO ☐ U.S. Commercial Bank ☐ U.S. State Chartered Savings Bank
- ☐ Other, describe: _____ (SCBK PP32)

10. Business Organization Type: (SCBK 9047)
- ☐ Corporation
- ☐ Business Trust
- ☐ Cooperative
- ☐ Limited Liability Limited Partnership
- ☐ Other, describe: _____ (SCBK PP48)
- ☐ General Partnership
- ☐ Sole Proprietorship
- ☐ Limited Liability Partnership
- ☐ Limited Partnership
- ☐ Mutual
- ☐ Limited Liability Co./Corp.

11. Is the banking company consolidated in the reporter's financial statements? ☐ Yes ☐ No
(only reportable for *foreign* investments) (SCBK 9139)

Banking Schedule—Continued

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

12. Direct Holder's Name and Location:

Legal Name (SCBK PQ47) | City (SCBK PQ10) | State / Province (SCBK PQ74)

Country (SCBK PQ21)

13.a. Percentage of a Class of Voting Shares: _____% (SCBK 9087)

13.b. Percentage of Nonvoting Equity: _____% (SCBK PQ17)

13.c. Other Interest: (SCBK PP49) ☐ Yes ☐ No

13.d. If the reportable company is a type of partnership or limited liability company as indicated in Item 10 above, please indicate the appropriate ownership interest of the direct holder: (SCBK PP50)

- ☐ General Partner/Managing Member
- ☐ Limited Partner/Non-Managing Member

14. Control by Direct Holder: (SCBK 9086) ☐ Yes ☐ No

15. Control by Reporter: (SCBK PQ02) ☐ Yes ☐ No

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

Legal Name of Former Direct Holder (SCBK PQ50)

City (SCBK PQ13) | State / Province (SCBK PQ75)

Country (SCBK PQ24)

Activity and Legal Authority Section (for list of FRS legal authority codes, see the Appendix of these instructions.)

	Activity Type	FRS Legal Authority Code	NAICS Activity Code	Description of Activity
17.a.	Primary Activity	(SCBK 9108)	(SCBK 9132)	(SCBK PP96)
17.b.	Secondary Activity (FBOs and BHCs only)	(SCBK PQ44)	(SCBK PP97)	(SCBK PP98)
17.c.	Termination of Activity	(SCBK PQ01)	(SCBK PQ99)	(SCBK PQ00)

For Federal Reserve Bank Use Only
ID_RSSD_E1 (direct holder) _____
ID_RSSD_E2 (reportable company) _____
If applicable, former d/h _____

Savings and Loan Schedule

Use this schedule to report information about a reporter that is a savings and loan holding company (SLHC), and about any reporter's (including a BHC's) directly or indirectly held interest in all SLHCs and savings associations.

Check box if correction (SCSL PP27) ☐

1.a. Event Type (check all that apply): (SCSL PP55)

- ☐ Acquisition of a Going Concern
- ☐ De Novo Formation
- ☐ External Transfer
- ☐ Internal Transfer
- ☐ Other, describe: _____ (SCSL PP58)
- ☐ Change in Ownership
- ☐ Liquidation
- ☐ Change in Characteristics
- ☐ Change in Activity or Legal Authority
- ☐ No Longer Reportable
- ☐ Became Inactive
- ☐ Debts Previously Contracted
- ☐ Became Reportable

1.b. **Date of Event:** _____ (MM / DD / YYYY) (SCSL 9007)

Characteristics Section

If Name Change, Relocation, or Correction

2.a. _____ Legal Name of Savings and Loan Company (SCSL 9017)

2.b. _____ Prior Legal Name of Savings and Loan Company (SCSL PQ49)

3.a. _____ Current Street Address (Physical Location) (SCSL 9028)

_____ City (SCSL 9130) _____ County (SCSL 9160)

_____ State / Province (SCSL PQ68) _____ Country (SCSL 9005)

_____ Zip / Postal Code (SCSL 9220)

_____ State of Incorporation (SCSL PQ80)

_____ Or Country (if foreign) of Incorporation (SCSL PQ29)

3.b. _____ Prior Street Address (Physical Location) (SCSL PQ87)

_____ Prior City (SCSL PQ12) _____ Prior County (SCSL PQ36)

_____ Prior State / Province (SCSL PQ72) _____ Prior Country (SCSL PQ23)

_____ Prior Zip / Postal Code (SCSL PQ94)

_____ Prior State of Incorporation (SCSL PQ81)

_____ Or Prior Country (if foreign) of Incorporation (SCSL PQ30)

4. Date Opened: _____ (MM / DD / YYYY) (SCSL 9950)

5. Fiscal Year End (SLHCs Only): _____ (MM/DD) (SCSL 9054)

6. SEC Reporting Status: (SCSL 9056)

- ☐ 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 (SCSL 9161)

8.a. Tax ID Number: ☐☐ – ☐☐☐☐☐☐☐ (SCSL 6191)

8.b. Legal Entity Identifier (LEI): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (SCSL 9224)

9. Savings and Loan Type: (SCSL 9216)

- ☐ Stock SLHC
- ☐ HOLA 10(l) Stock SLHC
- ☐ Trust (non-testamentary) SLHC
- ☐ Mutual SLHC
- ☐ HOLA 10(l) Mutual SLHC
- ☐ Cooperative Bank HOLA 10(l) Election
- ☐ Other, describe: _____ (SCSL PP34)
- ☐ Federal Savings Association
- ☐ Federal Savings Association/Covered Savings Association
- ☐ State Savings Association
- ☐ Federal Savings Bank
- ☐ State Savings Bank HOLA 10(l) Election

Savings and Loan Schedule—Continued

Characteristics Section—Continued

10. Business Organization Type: (SCSL 9047)

- ☐ Corporation
- ☐ Business Trust
- ☐ Cooperative
- ☐ Limited Liability Limited Partnership
- ☐ General Partnership
- ☐ Sole Proprietorship
- ☐ Limited Liability Partnership
- ☐ Limited Partnership
- ☐ Mutual
- ☐ Limited Liability Co./Corp.
- ☐ Other, describe: _____ (SCSL PP48)

11. Is the savings and loan company consolidated in the reporter's financial statements? (only reportable for *foreign* investments) (SCSL 9139) ☐ Yes ☐ No

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

12. Direct Holder's Name and Location:

Legal Name (SCSL PQ47) _____

City (SCSL PQ10) _____ State / Province (SCSL PQ74) _____

Country (SCSL PQ21) _____

13.a. Percentage of a Class of Voting Shares: _____% (SCSL 9087)

13.b. Percentage of Nonvoting Equity: _____% (SCSL PQ17)

13.c. Other Interest: (SCSL PP49) ☐ Yes ☐ No

13.d. If the reportable company is a type of partnership or limited liability company as indicated in Item 10 above, please indicate the appropriate ownership interest of the direct holder: (SCSL PP50)

- ☐ General Partner/Managing Member
- ☐ Limited Partner/Non-Managing Member

14. Control by Direct Holder: (SCSL 9086) ☐ Yes ☐ No

15. Control by Reporter: (SCSL PQ02) ☐ Yes ☐ No

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

Legal Name of Former Direct Holder (SCSL PQ50) _____

City (SCSL PQ13) _____ State / Province (SCSL PQ75) _____

Country (SCSL PQ24) _____

Activity and Legal Authority Section (for list of FRS legal authority codes, see the Appendix of these instructions.)

Activity Type	FRS Legal Authority Code	NAICS Activity Code	Description of Activity
17.a. Primary Activity	(SCSL 9108)	(SCSL 9132)	(SCSL PP96)
17.b. Secondary Activity (SLHCs only)	(SCSL PQ44)	(SCSL PP97)	(SCSL PP98)
17.c. Termination of Activity	(SCSL PQ01)	(SCSL PQ99)	(SCSL PQ00)

For Federal Reserve Bank Use Only
ID_RSSD_E1 (direct holder) _____
ID_RSSD_E2 (reportable company) _____
If applicable, former d/h _____

Nonbanking Schedule

Use this schedule to report information about a reporter that is a Nonbanking Company, and about a reporter's directly or indirectly held interests in a Nonbanking Company. Note: Savings associations acquired by a BHC and transactions involving SLHCs and savings associations should be reported on the Savings and Loan Schedule.

Check box if correction (SCNB PP27) ☐

1.a. Event Type (check all that apply): (SCNB PP55)

1.b. **Date of Event:** _____ (MM / DD / YYYY) (SCNB 9007)

- ☐ Acquisition of a Going Concern
- ☐ De Novo Formation
- ☐ External Transfer
- ☐ Internal Transfer
- ☐ Other, describe: _____ (SCNB PP58)
- ☐ Change in Ownership
- ☐ Liquidation
- ☐ Change in Characteristics
- ☐ Change in Activity or Legal Authority
- ☐ No Longer Reportable
- ☐ Became Inactive
- ☐ Became Reportable

Characteristics Section

If Name Change, Relocation, or Correction

2.a. _____ Legal Name of Nonbanking Company (SCNB 9017)

2.b. _____ Prior Legal Name of Nonbanking Company (SCNB PQ49)

3.a. _____ City (SCNB 9130) _____ County (SCNB 9160)

_____ State / Province (SCNB PQ68) _____ Country (SCNB 9005)

_____ Zip / Postal Code (SCNB 9220)

_____ State of Incorporation (SCNB PQ80)

_____ Or Country (if foreign) of Incorporation (SCNB PQ29)

3.b. _____ Prior City (SCNB PQ12) _____ Prior County (SCNB PQ36)

_____ Prior State / Province (SCNB PQ72) _____ Prior Country (SCNB PQ23)

_____ Prior Zip / Postal Code (SCNB PQ94)

_____ Prior State of Incorporation (SCNB PQ81)

_____ Or Prior Country (if foreign) of Incorporation (SCNB PQ30)

4.a. If the Nonbanking Company is a functionally regulated subsidiary, indicate its functional regulator: (SCNB 9060)

- ☐ Not Applicable
- ☐ SEC and CFTC
- ☐ SEC Only
- ☐ CFTC Only
- ☐ State Securities Department
- ☐ State Insurance Regulator

4.b. Is the Nonbanking Company a Financial Subsidiary of an insured depository institution? (SCNB 9138) ☐ Yes ☐ No

5. Fiscal Year End (IHCs Only): _____ (MM/DD) (SCNB 9054)

6. SEC Reporting Status: (SCNB 9056)

- ☐ 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: ☐☐☐☐☐☐ leading six digits only (SCNB 9161)
See instructions for when applicable

8.a. Tax ID Number: ☐☐ – ☐☐☐☐☐☐☐ (SCNB 6191)

8.b. Legal Entity Identifier (LEI): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (SCNB 9224)

9. Nonbanking Company Type (See instructions for list): (SCNB PP35) _____

- ☐ Other, describe: _____ (SCNB PP36)

Nonbanking Schedule—Continued

Characteristics Section—Continued

10. Business Organization Type: (SCNB 9047)

- ☐ Corporation
- ☐ Business Trust
- ☐ Cooperative
- ☐ Limited Liability Limited Partnership
- ☐ General Partnership
- ☐ Sole Proprietorship
- ☐ Limited Liability Partnership
- ☐ Limited Partnership
- ☐ Mutual
- ☐ Limited Liability Co./Corp.
- ☐ Other, describe: _____ (SCNB PP48)

11. Is the Nonbanking Company consolidated in the reporter's financial statements? (SCNB 9139) ☐ Yes ☐ No
Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:
(a) Consolidated subsidiary in a foreign country;
(b) a majority-owned Edge or agreement subsidiary

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

12. Direct Holder's Name and Location:

Legal Name (SCNB PQ47) _____
City (SCNB PQ10) _____ State / Province (SCNB PQ74) _____
Country (SCNB PQ21) _____

13.a. Percentage of a Class of Voting Shares: (SCNB 9142)

- ☐ 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

13.b. Other Interest: (SCNB PP49) ☐ Yes ☐ No

13.c. If the reportable company is a type of partnership or limited liability company as indicated in Item 10 above, please indicate the appropriate ownership interest of the direct holder: (SCNB PP50)

- ☐ General Partner/Managing Member
- ☐ Limited Partner/Non-Managing Member

14. Control by Direct Holder: (SCNB 9086) ☐ Yes ☐ No

15. Regulation K, Subpart A Investments: (SCNB 9157)

- ☐ Portfolio Investment
- ☐ Joint Venture
- ☐ Subsidiary

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

Legal Name of Former Direct Holder (SCNB PQ50) _____
City (SCNB PQ13) _____ State / Province (SCNB PQ75) _____
Country (SCNB PQ24) _____

Activity and Legal Authority Section (for list of FRS legal authority codes, see the Appendix of these instructions.)

Activity Type	FRS Legal Authority Code	NAICS Activity Code	Description of Activity
17.a. Primary Activity	(SCNB 9108)	(SCNB 9132)	(SCNB PP96)
17.b. Secondary Activity	(SCNB PQ44)	(SCNB PP97)	(SCNB PP98)
17.c. Termination of Activity	(SCNB PQ01)	(SCNB PQ99)	(SCNB PQ00)

For Federal Reserve Bank Use Only

ID_RSSD_E1 (ns) _____

ID_RSSD_E2 (s) _____

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 (SCMG PP27) ☐

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1. **First Full Calendar Date the Nonsurvivor No Longer Exists:** _____
(MM / DD / YYYY) (SCMG 9062)

2. Survivor: _____
Legal Name SCMG PQ54)

_____ _____
City (SCMG PQ18) State / Province (SCMG PQ77)

_____
Country (SCMG PQ33)

3. Nonsurvivor: _____
Legal Name SCMG PQ52)

_____ _____
City (SCMG PQ15) State / Province (SCMG PQ84)

_____
Country (SCMG PQ26)

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? (SCMG PP95) ☐ Yes ☐ No

For Federal Reserve Bank Use Only
ID_RSSD_TOP (top-tier BHC) _____
ID_RSSD_E1 (direct holder) _____
ID_RSSD_E2 (reportable company) _____

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 or Section 10(c)(2)(H) of the Home Owners' Loan Act.

Check box if correction (SC4K PP27) ☐

Post-Transaction Notice Section

1.a. Event Type (check one only): (SC4K PP55)

1.b. **Date of Event:** _____ (MM / DD / YYYY) (SC4K 9007)

- ☐ New Activity Commenced Directly by an FHC or through an Existing Subsidiary
- ☐ New Activity Commenced through Acquisition of a Going Concern
- ☐ New Activity Commenced through a De Novo Formation

2. New Activities Commenced

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 (SC4K PQ41)	NAICS Activity Code (SC4K PP25)	Description of Activity (SC4K PP26)
2.a.	☐ 311 / ☐ 312 / ☐ 413		
2.b.	☐ 311 / ☐ 312 / ☐ 413		
2.c.	☐ 311 / ☐ 312 / ☐ 413		

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 Nonfinancial 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.a. Event Type (check one only): (SC4K PP55)

1.b. **Date of Event:** _____ (MM / DD / YYYY) (SC4K 9007)

- ☐ Initial Investment
- ☐ Divesture
- ☐ No Longer Reportable
- ☐ Name Change

2. Direct Holder's Name and Location:

Legal Name (SC4K PQ47)

City (SC4K PQ10) | County (SC4K PQ34) | State / Province (SC4K PQ92) | Country (SC4K PQ21)

3.a. Legal Name of Nonfinancial Company (SC4K 9017)

3.b. If Name Change or Correction, Prior Legal Name (SC4K PQ49)

City (SC4K 9130) | County (SC4K 9160)

State / Province (SC4K PQ97) | Country (SC4K 9005)

Zip / Postal Code (SC4K 9220)

3.c. Legal Entity Identifier (LEI): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (SC4K 9224)

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

4.a. _____% Voting Securities (SC4K PQ40)

4.b. _____% Total Equity (SC4K PQ39)

4.c. _____% Assets (SC4K PQ38)

5. Initial Aggregate Cost of Investment to the FHC: $ _____ (in millions of U.S. dollars) (SC4K 9140)

For Federal Reserve Bank Use Only

ID_RSSD _____
County_CD _____ State_CD _____ Country_CD _____
ID_RSSD_HD_OFF _____
City_CD _____ Country_CD _____

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 a top-tier bank holding company (BHC) or a top-tier savings and loan holding company (SLHC) and state member banks that are not affiliated with a BHC; and,
2. Branches of Edge and agreement corporations.

Check box if correction (SCDB PP27) ☐

1.a. Event Type (check all that apply): (SCDB PP55)

1.b. **Date of Event:** _____ (MM / DD / YYYY) (SCDB 9007)

- ☐ Opening (De Novo)
- ☐ Purchase of Branches
- ☐ Acquisition of Branches through Merger/Absorption
- ☐ Sale of Branches
- ☐ Closure
- ☐ Relocation
- ☐ Name Change
- ☐ Change in Service Type
- ☐ Deletion of Erroneously Reported Branch/Office
- ☐ Other, describe: _____ (SCDB PP58)

Characteristics Section

2. Check Applicable Service Type: (SCDB PP90)

☐ Full Service ☐ Limited Service ☐ Trust ☐ Electronic Banking

3.a. _____ Popular Name (SCDB PQ57)

3.b. _____ If Name Change, Prior Popular Name (SCDB PQ66)

4.a. Current Address:

_____ Current Street Address (Physical Location) (SCDB 9028)

_____ City (SCDB 9130) _____ County (SCDB 9160)

_____ State (SCDB 9200) _____ Country (SCDB 9005)

_____ Zip / Postal Code (SCDB 9220)

4.b. Previous Address (if changes have occurred):

If Relocation or Correction

_____ Prior Street Address (Physical Location) (SCDB PQ87)

_____ Prior City (SCDB PQ12) _____ Prior County (SCDB PQ36)

_____ Prior State (SCDB PQ74) _____ Prior Country (SCDB PQ23)

_____ Prior Zip / Postal Code (SCDB PQ94)

5. _____ Head Office Legal Name (SCDB PQ51)

_____ City (SCDB PQ14) _____ State (SCDB PQ76) _____ Country (SCDB PQ25) _____ Zip / Postal Code (SCDB PQ95)

6. For event types sales of branches or purchase of branches, provide the name and address of the other 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 (SCDB PQ67) _____ Number of Branches Sold or Purchased (SCDB PP38)

_____ City (SCDB PQ82) _____ State (SCDB PQ83) _____ Country (SCDB PQ85) _____ Zip / Postal Code (SCDB PQ88)

For Federal Reserve Bank Use Only

ID_RSSD _____
County_CD _____ State_CD _____ Country_CD _____
ID_RSSD_HD_OFF _____
City_CD _____ Country_CD _____

Foreign Branch 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, BHCs, 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 (SCFB PP27) ☐

1.a. Event Type (check all that apply): (SCFB PP55)

☐ Opening ☐ Closure ☐ Relocation
☐ Other, describe: _____ (SCFB PP58)

1.b. **Date of Event:** _____ (MM / DD / YYYY) (SCFB 9007)

Characteristics Section

2. Office Type: (SCFB PQ89)
☐ Full-Service Branch ☐ Shell Branch ☐ Other

3. Date of Board Consent or Prior Notification (if applicable): _____ (MM / DD / YYYY) (SCFB PP33)

4. _____ Popular Name (SCFB PQ57)

5.a. Current Address:

_____ Current Street Address (Physical Location) (SCFB 9028)
_____ City (SCFB 9130) _____ Province (SCFB 9192)
_____ Country (SCFB 9005) _____ Zip / Postal Code (SCFB 9220)

5.b. Previous Address (if changes have occurred):
If Relocation or Correction

_____ Prior Street Address (Physical Location) (SCFB PQ87)
_____ Prior City (SCFB PQ12) _____ Prior Province (SCFB PQ62)
_____ Prior Country (SCFB PQ23) _____ Prior Zip / Postal Code (SCFB PQ94)

6. _____ Head Office Legal Name (SCFB PQ51)

_____ City (SCFB PQ14) _____ State (SCFB PQ76) _____ Country (SCFB PQ25) _____ Zip / Postal Code (SCFB PQ95)

For Federal Reserve Bank Use Only

ID_RSSD _____
County_CD _____ State_CD _____ Country_CD _____
ID_RSSD_HD_OFF _____
City_CD _____ Country_CD _____

Branch, Agency, and Representative Office of Foreign Banking Organizations (FBOs) Schedule (BARO Schedule)

Use this schedule to report information about U.S. branches, agencies, representative offices, and managed non-U.S. branches of FBOs, and U.S representative offices of foreign bank subsidiaries of FBOs.

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

Check box if correction (SCBA PP27) ☐

1.a. Event Type (check all that apply): (SCBA PP55)

1.b. **Date of Event:** _____ (MM / DD / YYYY) (SCBA 9007)

- ☐ Opening
- ☐ Change in Office Type
- ☐ Commenced Activities through Managed Non-U.S. Branch
- ☐ Other, describe: _____ (SCBA PP58)
- ☐ License Issued
- ☐ Became Inactive
- ☐ Ceased Activities through Managed Non-U.S. Branch
- ☐ Relocation
- ☐ License Surrendered

Characteristics Section

2. Office Type (including managed non-U.S. branches): (SCBA PP43)

☐ Branch ☐ Agency ☐ Representative Office

3. _____
Popular Name (SCBA PQ57)

4.a. Current Address:

_____
Current Street Address (Physical Location) (SCBA 9028)

_____ City (SCBA 9130)
_____ County (SCBA 9160)

_____ State (SCBA 9200)
_____ Country (SCBA 9005)

_____ Zip / Postal Code (SCBA 9220)

4.b. Previous Address (if changes have occurred):
If Relocation or Correction

_____
Prior Street Address (Physical Location) (SCBA PQ87)

_____ Prior City (SCBA PQ12)
_____ Prior County (SCBA PQ36)

_____ Prior State (SCBA PQ74)
_____ Prior Country (SCBA PQ23)

_____ Prior Zip / Postal Code (SCBA PQ94)

5. _____
Head Office Legal Name (SCBA PQ51)

_____ City (SCBA PQ14)
_____ Province (SCBA PQ64)
_____ Country (SCBA PQ25)
_____ Zip / Postal Code (SCBA PQ95)