

Banking Schedule

DRAFT

For Federal Reserve Bank Use Only

ID_RSSD_E1 (direct holder) _____
ID_RSSD_E2 (reportable company) _____
If applicable, former d/h _____

FR Y-10
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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.

Holding

Check box if correction

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

- Acquisition of a Going Concern
- De Novo Formation
- External Transfer
- Internal Transfer
- 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

insert underline

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 (Physical Location)

3.b. _____
If Relocation or Correction, Prior Street Address (Physical Location)

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

insert underline

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. Tax ID Number: -

9. Banking Company Type: BHC FBO U.S. Commercial Bank U.S. State Chartered Savings Bank
 Other, please describe: _____

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

partnership or limited liability company

Company consolidated in the reporter's financial statements? Yes No
(Only reportable for foreign investments)

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

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

13.a Percentage of a Class of Voting Shares: _____ %

14. Control by Direct Holder: Yes No

13.b Percentage of Nonvoting Equity: _____ %

15. Control by Reporter: Yes No

13.c Other Interest: Yes No

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

13.d If the reportable company is a type of ~~limited company~~ as indicated in Item 10 above, please indicate the appropriate ownership interest of the direct holder:

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

Legal Name of Former Direct Holder

City, State/Province, Country

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
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17.a. Primary Activity _____

17.b. Secondary Activity (FBOs and BHCs only) _____

17.c. Termination of Activity _____

12/2012

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 directly or indirectly held interest in all Savings and Loan Holding Companies and Savings Associations.

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

Check box if correction: []

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

- Acquisition of a Going Concern
De Novo Formation
External Transfer
Internal Transfer
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

Characteristics Section

(including a BHC's)

2.a Legal Name of Savings and Loan Company

2.b If Name Change or Correction, Prior Legal Name of Savings and Loan Company

3.a Current Street Address (Physical Location)

3.b If Relocation or Correction, Prior Street Address (Physical Location)

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

State or Country (if foreign) of Incorporation

If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

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

5. Fiscal Year End (SLHCs 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: see instructions for when applicable leading six digits only

8. Tax ID Number:

9. Savings and Loan Type: Stock SLHC, HOLA 10(l) Stock SLHC, Trust (non-testamentary) SLHC, Mutual SLHC, HOLA 10(l) Mutual SLHC, Other, please describe: Federal Savings Association, State Savings Association, Federal Savings Bank, State Savings Bank HOLA 10(l) Election, Cooperative Bank HOLA 10(l) Election

10. Business Organization Type: Corporation, Business Trust, Cooperative, Mutual, General Partnership, Sole Proprietorship, Limited Liability Co./Corp., Other, please describe: Limited Partnership, Limited Liability Partnership, Limited Liability Limited Partnership

11. Is the Savings and Loan Company consolidated in the reporter's financial statements? (only reportable for foreign investments) Yes No

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

partnership or limited liability company

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

13.a Percentage of a Class of Voting Shares: %

14. Control by Direct Holder: Yes No

13.b Percentage of Nonvoting Equity: %

15. Control by Reporter: Yes No

13.c Other Interest: Yes No

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

13.d If the reportable company is a type of limited company as indicated in Item 10 above, please indicate the appropriate ownership interest of the direct holder:

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

Legal Name of Former Direct Holder

City, State/Province, Country

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

17.b Secondary Activity (SLHCs only)

17.c Termination of Activity

12/2012

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)

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

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

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

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
- 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 (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	_____	_____

new check box 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 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

3.b. _____
If Name Change or Correction, Prior Legal Name

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

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

- Initial Investment
- Divestitures
- No Longer Reportable
- Name Changes

3.a. Legal Name, City and County, State/Province, and Country of Nonbanking Company

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)

a top-tier bank holding company (BHC) or a top-tier savings and loan holding company (SLHC)

For Federal Reserve Bank Use Only	
ID_RSSD	_____
County, State and Country Code	_____
ID_RSSD_HD_OFF	_____
City and Country 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.

insert underline

Check box if correction

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

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"/> Other, please describe: _____ | | |

Characteristics Section

2. Check applicable service type:

- Full Service Limited Service Trust Electronic Banking

3.a. _____
Popular Name

3.b. _____
If Name Change, Prior Popular Name

4.a. Current Address

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

Current Street Address (Physical Location)

City and County

State, Country, and Zip / Postal Code

If Relocation or Correction, Prior Street Address (Physical Location)

If Relocation or Correction, Prior City and County

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 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

City, State, Country and Zip / Postal Code

Number of Branches Sold or Purchased

BHCs

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.

insert underline

Check box if correction

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

- Opening
- Closure
- Relocation
- Other, please describe: _____

1.b. Date of Event: _____

(MM/DD/YYYY)

Characteristics Section

2. Office Type:

- Full-Service Branch
- Shell Branch
- Other

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

(MM/DD/YYYY)

4. _____

Popular Name

5.a. Current Address

Current Street Address (Physical Location)

City

Province, Country, and Zip / Postal Code

5.b. Previous Address (if changes have occurred)

If Relocation or Correction, Prior Street Address (Physical Location)

If Relocation or Correction, Prior City

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

6. _____

Head Office Legal Name

City, State, Country, and Zip / Postal Code

12/2012

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 FBOs, and U.S representative offices of foreign bank subsidiaries of ~~Foreign Banking Organizations.~~ FBOs

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

Check box if correction

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

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

- Opening
- Change in Office Type
- Commenced Activities Through Managed Non-U.S. Branch
- Other, please describe: _____
- License Issued
- Became Inactive
- Ceased Activities Through Managed Non-U.S. Branch
- Relocation
- License Surrendered

(BARO Schedule)

Characteristics Section

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

- Branch
- Agency
- Representative Office

insert underline

3. _____
Popular Name

4.a. Current Address

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

Current Street Address (Physical Location)

City and County

State, Country, and Zip / Postal Code

If Relocation or Correction, Prior Street Address (Physical Location)

If Relocation or Correction, Prior City and County

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

5. _____
Head Office Legal Name

City, Province, Country, and Zip / Postal Code