Board of Governors of the Federal Reserve System



SUB RSSD ID

Annual Report of Merchant Banking Investments Held for an Extended Period—FR Y-12A

Cover Page		Report Date		
Reporter's Name, Stree	t, and Mailing Address			
Legal Name				
Street Address		Reporter's Mailing Address (if different from street address)		
City/County		Mailing City		
State/Province, Country	Zip/Postal Code	Mailing State/Province, Country	Zip/Postal Code	
Name and Title	ailing Address for this R	eport Contact's Mailing Address (if different from abo	ive)	
Phone Number (Include area code and if applicable, the extension)		Mailing City		
Fax Number (Include area code)		Mailing State/Province, Country	Zip/Postal Code	
E-mail Address				
Executive Officer				
I, Printed Name	,			
Title	,			
am an authorized officer of the conhereby declare that this report is my knowledge and belief.	• •			
Signature of Executive Officer	Date of Signature	Public reporting burden for this information col per response, including time to gather and ma review instructions and complete the information	aintain data in the required form and to on collection. Comments regarding this	
For Federal Reserve Bank Use Only		burden estimate or any other aspect of this infor for reducing the burden, may be sent to Secr eral Reserve System, Washington, D.C. 20551 Budget, Paperwork Reduction Project (7100–0	retary, Board of Governors of the Fed- , and to the Office of Management and	
BHC RSSD ID		Daaget, 1 apermont reduction 1 roject (7 100-0	550), Washington, D.O. 20005.	

This report is required by law: Sections 4(k)(4)(H) and 5(c) of the Bank Holding Company Act (BHC Act) (12 U.S.C. 1843(k)(4)(H) and 1844 (c)) and subpart J of the Board's Regualtion Y (12 CFR 225.170 et seq.).

For Federal Reserve Bank Use Only			
BHC RSSD ID			
SUB RSSD ID			

Annual Report of Merchant Banking Investments Held for an Extended Period (FR Y-12A)

Direct Holder's Name and Location Legal Name Zip/Postal Code City/County State/Province, Country **Covered Investment Section** 1. Acquisition Date of Covered Investment: (MM/DD/YYYY) 2. Name and Location of Company Held: Legal Name City/County State/Province, Country Zip/Postal Code 3. Primary Activity of Company Held: **NAICS Activity Code** Description of Activity (if no Activity Code applicable) 4. Type of Interest held by Financial Holding Company: ____ Common Stock ____ Preferred Stock General Partner _ Limited Partner ____ Warrants ____ Convertible Debt ____ Other ____ Options If other, please describe: ___ 5. Percentage of Ownership held by Financial Holding Company: ____ % Voting Equity — % Nonvoting Equity 6. Acquisition Cost of the Covered Investment: \$ ______ (in millions of U.S. dollars) 7. Carrying Value of the Covered Investment: \$ _______ (in millions of U.S. dollars) 8. Plan and Schedule for disposition of the Covered Investment: _____