

Board of Governors of the Federal Reserve System Federal Deposit Insurance Corporation Office of the Comptroller of the Currency

OMB Number: 7100-0071 OMB Number: 3064-0011 OMB Number: 1557-0099

Approval Expires December 31, 2015

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Federal Financial Institutions Examination Council



Abbreviated Foreign Branch Report of Condition— FFIEC 030S

Report at the close of business December 31,	
	Year

This report is required by law (12 U.S.C. § 321, 324, and 602 (FRB); 12 U.S.C.§ 161 and 602 (OCC); and 12 U.S.C. § 1828 (FDIC)).

The Federal Financial Institutions Examination Council regards the information provided by each respondent as confidential. If it should subsequently be determined that any information collected on this form must be released, respondents will be notified.

A Federal agency may not conduct Move "Consolidation Option" zation is not required to respond to

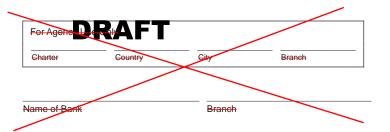
unless it displays a currently valid dincluding lines for consolidated branches to new page 2.

Name of Bank	Consolidation Option		
Name	Banks may, at their option, consolidate the figures for all other branches located in the same country on the report form, using the name and address of the principal branch. When If		
Street Address	the bank elects to consolidate, complete the following statement. A or B below should be com-pleted, as		
City State	appropriate. A. No figures are shown for this branch because of consolidation with those reported for the branch.		
Foreign Branch	Name of Country's Principal Branch		
Poleigii Brancii	B. Figures reported in this report are a consolidation of all branches in		
Name	Number Country		
Street Address	Please list the consolidated branches on the lines below		
City / Town			
Country			
Oddinay	<u>-</u>		
For consolidation option B, please list the consolidated branch	nes on the lines below:		
Street Address	City		
			
Street Address	City		
Street Address	City		
Oli eet Addi ees	Ony		
Street Address	City		
	•		
Street Address	City		
Street Address	City		

All banks and savings associations should submit completed and signed original hard copy report forms to the appropriate Federal Reserve District Bank. Insert 1 in space above (see page 2).

(If more space is needed, please list addresses for the other branches on a separate page.)

Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, including suggestions for reducing this burden, to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503, and to one of the following: Secretary, Board of Governors of the Federal Reserve System, 20th and C Streets, NW, Washington, DC 20551; Legislative and Regulatory Activities, Office of the Comptroller of the Currency, 250 E Street, SW, Washington, DC 20219; Assistant Executive Secretary, Federal Deposit Insurance Corporation, 550 17th Street, NW, Washington, DC 20429.



	U.S. Dollar Amounts in Thousands	FORB	Bil	Mil	Thou
inancial Data					
1. Gross due from related institutions		3002			
2. Total assets		2170			
3. Gross due to related institutions		3001			
4. Total gross notional amount of derivative contracts		F156			
5. Commercial and similar letters of credit, standby letters of credit, a		F157			
Name of Officer Authorized to Sign Report Title	of the above-named bank do here	by dec	lare tl	nat thi	s repor
of condition is true and correct to the best of my knowledge and belie	<u>f</u>				
	Signature of Officer Authorized to Sign Report				

Page 1, insert 1

The FFIEC 030S is to be prepared in accordance with federal regulatory authority instructions and must be signed by an authorized officer of the parent U.S. institution. The authorized officer may be the chief financial officer or equivalent senior officer.

I, the undersigned authorized officer of the named parent U.S. institution attest that the FFIEC 030S report (including any consolidated branches) for this report date has been prepared in conformance with the instructions issued by the federal regulatory authority and is true and correct to the best of my knowledge and belief.

[Printed Name of Authorized Officer (FORB C490)]

[Signature of Senior Officer]

[Title of Officer (FORB C491)]

[Date of Signature (MM/DD/YYYY) (FORB J196)]