

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.

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

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

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 (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: leading six digits only

Tax ID Number: 80 8

86 Legal Entity Identifier (LEI)

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:

11.

Is the banking company consolidated in the reporter's financial statements? (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 partnership or limited liability 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 (FBOs and BHCs only)

17.c.

Termination of Activity

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.

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: 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

- 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)
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
8a. Tax ID Number:
8b. Legal Entity Identifier (LEI)
9. Savings and Loan Type: Stock SLHC, HOLA 10(I) Stock SLHC, Trust (non-testamentary) SLHC, Mutual SLHC, HOLA 10(I) Mutual SLHC, Other, please describe: Federal Savings Association, State Savings Association, Federal Savings Bank, State Savings Bank HOLA 10(I) Election, Cooperative Bank HOLA 10(I) Election
10. Business Organization Type: Corporation, Business Trust, Cooperative, Limited Liability Partnership, Limited Liability Limited Partnership, Other, please describe: General Partnership, Sole Proprietorship, Limited Liability Partnership, Limited Partnership, Mutual, Limited Liability Co./Corp.
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)

- 12. Direct Holder's Name and Location: Legal Name, City, State/Province, Country
13.a. Percentage of a Class of Voting Shares: %
13.b. Percentage of Nonvoting Equity: %
13.c. Other Interest: 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: General Partner/Managing Member, Limited Partner/Non-Managing Member
14. Control by Direct Holder: Yes No
15. Control by Reporter: Yes No
16. 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 codes, see the Appendix of these instructions.)

Table with 4 columns: Activity Type, FRS Legal Authority Code, NAICS Activity Code, Description of Activity. Rows include Primary Activity, Secondary Activity (SLHCs only), and Termination of Activity.

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.

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
Became Reportable

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 (Physical Location)

3.b.

If Relocation or Correction, Prior City and County (Physical Location)

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. If the Nonbanking Company is a functionally regulated subsidiary, indicate its functional regulator:

- Not Applicable, SEC and CFTC, SEC Only, CFTC only, State Securities Department, 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. Tax ID Number: 8a. 8b. Legal Entity Identifier (LEI)

9. Nonbanking Company Type (see instructions for list):

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:

11. Is the Nonbanking Company consolidated in the reporter's financial statements? 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

City, State/Province, Country

13.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

14. Control by Direct Holder: Yes No

15. Regulation K, Subpart A Investments:

- Portfolio Investment, Joint Venture, Subsidiary

13.b. Other Interest: 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:

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

16. 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 codes, see the Appendix of these instructions.)

Table with 4 columns: Activity Type, FRS Legal Authority Code, NAICS Activity Code, Description of Activity. Rows include Primary Activity, Secondary Activity, and Termination of Activity.

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

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

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 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

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

Current Street Address (Physical Location)

City and County

State, Country, and Zip / Postal Code

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

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

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

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

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

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

**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

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

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Opening | <input type="checkbox"/> License Issued | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Change in Office Type | <input type="checkbox"/> Became Inactive | <input type="checkbox"/> License Surrendered |
| <input type="checkbox"/> Commenced Activities through
Managed Non-U.S. Branch | <input type="checkbox"/> Ceased Activities through
Managed Non-U.S. Branch | |
| <input type="checkbox"/> Other, please describe: _____ | | |

Characteristics Section

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

- Branch Agency Representative Office

3. _____
Popular Name

4.a. Current Address

Current Street Address (Physical Location)

City and County

State, Country, and Zip / Postal Code

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

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