

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.

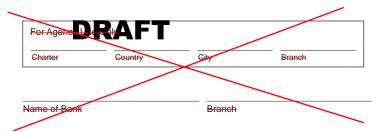
| Name of Bank | Consolidation Option |
|---|--|
| Name | Banks may, at their option, consolidate the figures for all other branches located in the same country on the report form, using the name and address of the principal branch. When If |
| Street Address | the bank elects to consolidate, complete the following statement. A er B below should be com-pleted, as |
| City State | A. No figures are shown for this branch because of consolidation with those reported for the |
| Fausting Daniel | Name of Country's Principal Branch |
| Foreign Branch | 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 | |
| For consolidation option B, please list the consolidated branch | nes on the lines below: |
| Street Address | City |
| Ctroot Addrson | City |

All banks and savings associations should submit completed and signed original hard copy report forms to the appropriate Federal Reserve District Bank.

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

Insert 1 in space above (see page 2).

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)]