Board of Governors of the Federal Reserve System



Report of Changes in Organizational Structure—FR Y-10

This report is required by law: Sections 4(k) and 5(c)(1)(A) of the Bank Holding Company Act (12 U.S.C. §§ 1843(k) and 1844(c)(1)(A)); section 8(a) of the International Banking Act (12 U.S.C. § 3106(a)); sections 11(a)(1), 25(7), and 25A of the Federal Reserve Act (12 U.S.C. §§ 248(a)(1), 321, 601, 602,

611a, 615, and 625); and sections 113, 165, 312, 618, and 809 of the Dodd-Frank Act (12 U.S.C. §§ 5361, 5365, 5412, 1850a(c)(1), and 5468(b)(1)); and section 10(c)(2)(H) of the Home Owners' Loan Act (12 U.S.C. § 1467a(c)(2)(H)).

Reporter's Name, Street, and Ma	ailing Address	Date of Report: (Month / Day / Year)	
Legal Name			
Physical Street Address		Reporter's Mailing Address (if different from physical	al street address)
City and County		Mailing City	
State / Province, Country	Zip / Postal Code	Mailing State / Province, Country	Zip / Postal Code
Contact's Name and Mailing Add	dress for this Report		
Name Title			
Area Code / Phone Number / Extension		Contact's Mailing Address (if different from reporter	r's)
Area Code / FAX Number		Mailing City	
E-mail Address		Mailing State / Province, Country	Zip / Postal Code
Authorized Official		Reporter's Legal Entity Identifier	(LEI)
am an authorized official of this cor		20-Character LEI Code	
hereby declare that this report is true my knowledge and belief.	and complete to the best of	Is confidential treatment requested for a of this report submission?	
Signature of Authorized Official	Date of Signature	In accordance with the General Instructio (check only one),	·
	•	a letter justifying this request is bei with the report	· · · · · · · · · · · · · · · · · · ·
For Federal Reserve Bank Use On	ly	a letter justifying this request has b separately	
RSSD ID		NOTE: Information for which confidential requested must be provided separas "confidential."	

Public reporting burden for the information collection is estimated to average 2.50 hours per response, including time to gather and maintain the data and complete the information collection. The Federal Reserve may not conduct or sponsor, and a person is not required to respond to any information collection unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Secretary, Board of Governors of the Federal Reserve System, 20th and C Streets, NW, Washington, DC 20551, and to the Office of Management and Budget, Paperwork Reduction Project (7100-0297), Washington, DC 20503.

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ID_RSSD_E1 (direct holder)	Fage 2 01 12
ID_RSSD_E2 (reportable company)	
If applicable, former d/h	

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.

	g Company.	.	Check box if correction
1.a.	Event Type (check all that apply):	1.b.	Date of Event:
			(MM / DD / YYYY)
	Acquisition of a Going Concern Change in		<u> </u>
	☐ De Novo Formation ☐ Liquidation		☐ Became Inactive
	☐ External Transfer ☐ Change ii		
	<u> </u>	n Activity	or Legal Authority
	Other, describe:		
Chara	cteristics Section		
2.a.		2.b.	
	Legal Name of Banking Company		If Name Change or Correction, Prior Legal Name of Banking Company
3.a.		3.b.	
	Current Street Address (Physical Location)		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:	5.	Fiscal Year End (BHCs, IHCs, FBOs Only):
٦.	(MM / DD / YYYY)	0.	(MM/DD)
6.	☐ Subject to 13(a) or 15(d) of	SEC Act	a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act of 1934, but not Section 404 of SOX Act equirements under 13(a) or 15(d) of the SEC Act of 1934
7.	CUSIP Number: 8.a. Tax ID N not required for FBOs leading six digits only	umber: [
8.b.	Legal Entity Identifier (LEI):		
9.	Banking Company Type: BHC IHC FBO Other, describe:	U.S. Co	mmercial Bank U.S. State Chartered Savings Bank
10.	Business Organization Type: Corporation Business Trust Cooperative Limited Liability Limite Other, describe:	☐ Sole I	ral Partnership Proprietorship d Limited Partnership Mutual Limited Liability Co./Corp. ship
11.	Is the banking company consolidated in the reporter's final (only reportable for <i>foreign</i> investments)	ancial sta	tements?
Owne	rship Section (report at direct holder level unless othe	rwise note	ed)
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:
13.b.	Percentage of Nonvoting Equity: %	15.	Control by Reporter:
	Other Interest: Yes No		
13.c.		16.	Former Direct Holder's Name and Location (if applicable):
13.d.	If the reportable company is a type of partnership or limite liability company as indicated in Item 10 above, please incate the appropriate ownership interest of the direct holder.	-ik	Legal Name of Former Direct Holder
	☐ General Partner/Managing Member ☐ Limited Partner/Non-Managing Member		City, State / Province, Country

Banking Schedule—Continued

Activity	ctivity and Legal Authority Section (for list of FRS legal authority codes, see the Appendix of these instructions.)					
		FRS Legal	NAICS			
	Activity Type	Authority Code	Activity Code	Description of Activity		
17.a.	Primary Activity					
17.b.	Secondary Activity					
	(FBOs and BHCs only)					
17.c.	Termination of Activity					

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ID_RSSD_E1 (direct holder)	1 ugo 4 01 12
ID_RSSD_E2 (reportable company)	
If applicable, former d/h	

Savings and Loan ScheduleUse this schedule to report information about a reporter that is a savings and loan holding company (SLHC), and about any reporter's (including a a

BHC's) (directly or indirectly held interest in all SLHCs and savings tions.		Check box if correction
1.a.	Event Type (check all that apply):	1.b.	Date of Event:
	2 2 7 1 2 (2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		(MM / DD / YYYY)
	☐ Acquisition of a Going Concern ☐ Change in C	Owners	hip
	☐ De Novo Formation ☐ Liquidation		☐ Became Inactive
	☐ External Transfer ☐ Change in C		
	☐ Internal Transfer ☐ Change in A	ctivity	or Legal Authority
	Other, describe:		
Chara	cteristics Section		
2.a.		2.b.	
_	Legal Name of Savings and Loan Company		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:	5.	Fiscal Year End (SLHCs Only):
_	(MM/DD/YYYY)		(MM/DD)
6.			a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
	_ • • • • • • • • • • • • • • • • • • •		of 1934, but not Section 404 of SOX Act
		_	equirements under 13(a) or 15(d) of the SEC Act of 1934
7.	CUSIP Number: 8.a. Tax See instructions for when applicable Leading six digits only	(ID Nu	mber: UU - UUUUUUU
8.b.	Legal Entity Identifier (LEI):		
9.	Savings and Loan Type: Stock SLHC		Federal Savings Association
	☐ HOLA 10(I) Stock SLHC		State Savings Association
	☐ Trust (non-testamentary) SLH	С 🗆	Federal Savings Bank
	☐ Mutual SLHC		State Savings Bank HOLA 10(I) Election
	☐ HOLA 10(I) Mutual SLHC		Cooperative Bank HOLA 10(I) Election
	Other, describe:		
10.	Business Organization Type: Corporation Ge	neral F	artnership
		•	rietorship
	☐ Cooperative ☐ Lim	nited Li	ability Partnership
	☐ Limited Liability Limited F	Partner	ship
	☐ Other, describe:		
11.	Is the savings and loan company consolidated in the reported (only reportable for <i>foreign</i> investments)	er's fina	ancial statements? Yes No
	(only reportable for <i>foreign</i> investments)		
Owne	rship Section (report at direct holder level unless otherwi	ise note	ed)
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:
	·		<u> </u>
	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		Logal Name of Former Direct Holder
	liability company as indicated in Item 10 above, please indicate the appropriate ownership interest of the direct holder:		Legal Name of Former Direct Holder
	☐ General Partner/Managing Member		City, State / Province, Country
	Limited Partner/Non-Managing Member		ony, onate / Frovince, country

Savings and Loan Schedule—Continued

Activity	y and Legal Authority Se	ction (for list of FRS	legal authority code	s, see the Appendix of these instructions.)
		FRS Legal	NAICS	
	Activity Type	Authority Code	Activity Code	Description of Activity
17.a.	Primary Activity			
17.b.	,			
17.c.	(SLHCs only) Termination of Activity			

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

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: Sa	ivings associations acquired by a BHC and transactions involving SLH associations should be reported on the Savings and Loan Schedule.		nd Check box if correction
	Event Type (check all that apply):	1 F	.b. Date of Event:
T.a.	 ☐ Acquisition of a Going Concern ☐ De Novo Formation ☐ External Transfer ☐ Change in ☐ Change in 	Owne Chara	ership (MM / DD / YYYY) Became Inactive
Chara	cteristics Section		
2.a.		2.b	b. If Name Change or Correction, Prior Legal Name of Nonbanking Company
3.a.	Legal Name of Nonbanking Company	3.b	
0.4.	City and County (Physical Location)	0.0	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.a.	If the Nonbanking Company is a functionally regulated subs ☐ Not Applicable ☐ SEC and CFTC ☐ CFTC only ☐ State Securities Department		SEC Only
4.b.	Is the Nonbanking Company a Financial Subsidiary of an in	sured	d depository institution?
5.	Fiscal Year End (IHCs Only): (MM/DD)		
6.	☐ Subject to 13(a) or 15(d) of SEC	Act	(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act of 1934, but not Section 404 of SOX Act requirements under 13(a) or 15(d) of the SEC Act of 1934
7.	CUSIP Number: leading six digits only when applicable 8.a.	Tax ID	ID Number:
8.b.			
9.	Nonbanking Company Type (see instructions for list):		
	Other, describe:		
10.	☐ Business Trust ☐ So	e Pro iited L	Il Partnership
11.	Is the Nonbanking Company consolidated in the reporter's Answer the above question only if the Nonbanking Compar (a) Consolidated subsidiary in a foreign country; (b) a major	ıy is c	one of the following "foreign" offices:
Owne	rship Section (report at direct holder level unless otherw	ise no	noted)
12.	Direct Holder's Name and Location:		
13.a.	Legal Name 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		City, State/Province, Country I. Control by Direct Holder: Yes No I. Regulation K, Subpart A Investments: Portfolio Investment
	controlled elsewhere within the organization		☐ Joint Venture
13.b.	Other Interest: Yes No		☐ Subsidiary
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:	16.	5. Former Direct Holder's Name and Location (if applicable): Legal Name of Former Direct Holder
	☐ General Partner/Managing Member		Logar Mario de Formos Disocritorios
	☐ Limited Partner/Non-Managing Member		City. State / Province. Country

Nonbanking Schedule—Continued

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				
	Secondary Activity Termination of Activity				

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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 corre	ection [
1. First Full Cal	lendar Date the Nonsurvivor No Longer Exists:		
	(MM / DD	O / YYYY)	
2. Survivor:			
	Legal Name		
	City, State / Province, Country		
3. Nonsurvivor:			
	Legal Name		
	City, State / Province, Country		
Item 4 only appli	lies to mergers involving an insured depository institution or	rganized under U.S. law.	
4. Did the head	office of the nonsurvivor become a branch of the survivor?	P ☐ Yes ☐ No	

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D_RSSD_TOP (top-tier BHC)	Fage 3 01 12
D_RSSD_E1 (direct holder)	
D_RSSD_E2 (reportable company)	

4(k) Schedule

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

Hor	me Owners' Loan Act.			. ,		Check box if correction □
Po	st-Transaction Notice Se	ction				
1.a	. Event Type (check one only):			1.b. Date of Event	:	
	□ New Activity Commenced D□ New Activity Commenced th□ New Activity Commenced th	nrough Acquisition of a	Going Con	•	(MM / DD / YYYY	()
2.	New Activities Commenced					
	For the event type checked in it new activity. Provide a text descactivity.					
	FRS Legal Authority Code (check one)	NAICS Activity Code		Des	cription of Activity	
	2.a. 🗌 311 / 🗌 312 / 🗌 413					
	2.b. 🗌 311 / 🗌 312 / 🗌 413					
	2.c. 311 / 312 / 413					
La	rge Merchant Banking or	Insurance Comp	anv Inve	stments Section	 1	
1.a	(2) 5 percent of tier 1 capital, Event Type (check one only): Initial Investment Divestiture No Longer Reportable Name Change Direct Holder's Name and	wnichever is less.		1.b. Date of Event	:: (MM / DD / YYYY	<u>r)</u>
۷.	Location	Legal Name				
		City and County		State / Province		Country
3.a				3.b		
	Legal Name of Nonfinancial Company			If Name Change o	r Correction, Prior I	Legal Name
	City and County (Physical Location)					
	State / Province, Country, and Zip / Post	al Code				
3.c.	. Legal Entity Identifier (LEI):					
4.	Direct Holder's Investment in No Report the percentage amount		ble.			
	a% Voting Securities					
	b% Total Equity					
	c% Assets					
5.	Initial Aggregate Cost of Investr	nent to the FHC: \$		(in millions of U	.S. dollars)	

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County, St	ate and Country Code	
ID_RSSD	_HD_OFF	
City and C	Country Code	

City, State, Country, and Zip / Postal Code

Domestic Branch Schedule	City and Country Code
Use this schedule to report information on: 1. Branches and offices of domestic depository institutions (includir	ng territorial depository institutions) controlled directly or indirectly by loan holding company (SLHC) and state member banks that are not Check box if correction
1.a. Event Type (check all that apply):	1.b. Date of Event:
 □ Opening (De Novo) □ Sale of Branches □ Closure □ Name Change □ Other, describe: 	(MM / DD / YYYYY) Acquisition of Branches through Merger/Absorption Relocation Deletion of Erroneously Reported Branch/Office
Characteristics Section	
2. Check applicable service type:	
☐ Full Service ☐ Limited Service ☐ Trust ☐ El	lectronic Banking
3.a	3.b.
Popular Name	If Name Change, Prior Popular Name
4.a. Current Address	4.b. Previous Address (if changes have occurred)
Current Street Address (Physical Location)	If Relocation or Correction, Prior Street Address (Physical Location)
City and County	If Relocation or Correction, Prior City and County
State, Country, and Zip / Postal Code	If Relocation or Correction, Prior State, Country, and Zip / Postal Code
5. Head Office Legal Name	
City, State, Country, and Zip / Postal Code	
 For event types sales of branches or purchase of branches, p tution involved in the transaction and the number of branches 	rovide the name and address of the other domestic depository instisold or purchased:
Name of Other Depository Institution that Sold or Purchased Branches	Number of Branches Sold or Purchased

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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

ove		erm "foreign" refers to one or more foreign nations, and includes the those nations and of the United States and the Commonwealth of	
Rep	port all offices, including inactive offices that continue to reta	n their license. Check box if correction	ı 🗀
1.a.	. Event Type (check all that apply): ☐ Opening ☐ Closure ☐ Relocation ☐ Other, describe:	1.b. Date of Event: (MM / DD / YYYY)	
Ch	aracteristics Section		
2.	Office Type: ☐ Full-Service Branch ☐ Shell Branch ☐ Othe		
3.4.	Date of Board Consent or Prior Notification (if applicable): Popular Name	(MM / DD / YYYY)	
5.a.	. Current Address	5.b. Previous Address (if changes have occurred)	
	Current Street Address (Physical Location)	If Relocation or Correction, Prior Street Address (Physical Location)	
	City	If Relocation or Correction, Prior City	
	Province, Country, and Zip / Postal Code	If Relocation or Correction, Prior Province, Country, and Zip / Postal Cod	<u>е</u>
6.	Head Office Legal Name		
	City, State, Country, and Zip / Postal Code		

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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)

FBOs, and U.S representative offices				· OI
Report all offices, including inactive o	ffices that continue to reta	in their licer		_
			Check box if corre	ction L
 1.a. Event Type (check all that apply) Opening Change in Office Type Commenced Activities through Managed Non-U.S. Branch Other, describe: 	☐ License Issued☐ Became Inactive	e s through	Date of Event: (MM / DD / YYYY) Relocation License Surrendered	
Characteristics Section				
2. Office Type (including managed	non-U.S. branches)			
☐ Branch ☐ Agency	☐ Represent	ative Office		
3.				
Popular Name				
4.a. Current Address		4.b.	Previous Address (if changes have occurred)	
Current Street Address (Physical Location)	_	If Relocation or Correction, Prior Street Address (Physical Location)
City and County		_	If Relocation or Correction, Prior City and County	
State, Country, and Zip / Postal Code		_	If Relocation or Correction, Prior State, Country, and Zip / Postal Co	ode
5		_		
Head Office Legal Name				
City, Province, Country, and Zip / Postal C	Code	_		