

Liquidation—Interim Progress Report

Federal Branch/Limited Federal Branch/Federal Agency Identifying Information

OCC License No. _____ Date Liquidation Started _____

Name _____
(exact name of federal branch/limited federal branch/ federal agency)

Address _____
(office address, street, city, state, ZIP Code, country)

Liquidating Agent/Correspondent Identifying Information

Name _____

Address _____

City _____ State _____ ZIP Code _____

Phone No. _____ Fax No. _____ E-Mail _____

Since the (original/last reported) appointment of the (liquidating agent/committee), senior management has made the following changes:

Name/Address of Appointee	Appointed to Succeed	Effective Date
---------------------------	----------------------	----------------

1. _____

2. _____

Report of Progress of Liquidation

Briefly summarize the progress of the liquidation during the past reporting period. Explain the plans in progress for completing the liquidation, discuss the status of any pending litigation or court ordered liabilities, and state the anticipated liquidation completion date.

All creditor claims, including all claims asserted during the period of advertisement for claims, (have/have not) been paid fully or assumed by the bank.

Types of Outstanding Liabilities

Amount
(in United States \$)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total\$ _____

Aggregate book value of assets received originally
by liquidating agent or committee

\$ _____

Amount of cash received originally by liquidating
agent of committee

\$ _____

Total\$ _____

The present book value of remaining unliquidated assets

\$ _____

Amount of cash on hand

\$ _____

Total\$ _____

Fiduciary Activities (if applicable)

If the federal branch or limited federal branch had a trust department, detail the disposition since liquidation.

Number of fiduciary accounts as of the effective date of liquidation: _____.

Number of fiduciary accounts closed, transferred, or otherwise disposed of since effective date of liquidation: _____.

Number of fiduciary accounts remaining: _____.

This report and any attachments/schedules are as of (date) and certified to be correct to the best of my knowledge and belief.

Executed this _____ of _____, ____.

(Liquidating Agent)

(Correspondent for Committee)

(If there is a liquidating committee, every member of the committee should sign.)

