

# Board of Governors of the Federal Reserve System



## Report of Changes in Organizational Structure—FR Y-10

### Cover Page

#### Reporter's Name and Address

Legal Name

Street Address

City/County

State/Province, Country

Zip/Postal Code

#### Submission Date

MM / DD / YYYY

Reporter's Mailing Address (if different from street address)

Mailing City

Mailing State/Province, Country, Zip/Postal Code

#### Contact's Name and Mailing Address for this Report

Name and Title

Phone Number

Fax Number

E-mail Address

Contact's Mailing Address (if different from above)

Mailing City

Mailing State/Province, Country, Zip/Postal Code

#### Authorized Officer

I, \_\_\_\_\_,  
Printed Name & Title

am an authorized officer of the company named above, and hereby declare that this report is true and complete to the best of my knowledge and belief.

Signature of Officer

Date of Signature

**Does the reporter request confidential treatment for any portion of this submission of the FR Y-10?**

Yes **If the response is yes, a letter justifying the request must be provided in accordance with the instructions on page GEN-3.**

No

Public reporting burden for the information collection is estimated to average 1.25 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 an information collection unless it displays a currently valid OMB control number. Comments regarding this estimate or any other aspects of this information burden may be sent to Secretary, Board of Governors of the Federal Reserve System, Washington, D.C. 20551, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

This report is required by law: Section 5(c) of the Bank Holding Company Act (12 U.S.C. 1844(c)), Section 9 of the Federal Reserve Act (FRA) (12 U.S.C. 321), Section 25 of the FRA (12 U.S.C. 601-604a), Section 25A of the FRA (12 U.S.C. 611-631), Regulation K (12 CFR part 211), and Regulation Y (12 CFR part 225).

FRB Use Only

ID\_RSSD \_\_\_\_\_

# Characteristics Schedule

Use this schedule to report initial and revised information for a reportable company.

Check one:  Initial  Update  Correction

## Section A—Name and Address of the Reportable Company

- |  |  |  |
|--|--|--|
| <p>1.a. _____<br/>Legal Name</p>   | <p>1.b. _____<br/>If name change occurred, Legal Name<br/>prior to the change</p>      | <p>_____ Effective Date<br/>of Name Change</p> |
| <p>2.a. _____<br/>Current Street Address (for BHCs and depository institutions only)</p> | <p>2.b. _____<br/>If relocation occurred, Address prior to the relocation</p>          | <p>_____ Effective Date<br/>of Relocation</p>  |
| <p>3.a. _____<br/>City</p> <p>_____ County</p>   | <p>3.b. _____<br/>City</p> <p>_____ County</p>   |  |
| <p>4.a. _____<br/>State/Province</p> <p>_____ Country</p> <p>_____ Zip/Postal Code</p>   | <p>4.b. _____<br/>State/Province</p> <p>_____ Country</p> <p>_____ Zip/Postal Code</p> |  |

## Section B—Other Characteristics of the Reportable Company

*Item 1 is required for BHCs and depository institutions only:*

1. Date Opened (MM/DD/YYYY) \_\_\_\_\_

*Item 2 is required for BHCs only:*

2. Fiscal Year End (MM/DD) \_\_\_\_\_  
Effective Date (MM/DD/YYYY) (leave blank for initial) \_\_\_\_\_

3. Business Entity Type (see instructions for list) \_\_\_\_\_  
Other, please describe \_\_\_\_\_  
Effective Date (MM/DD/YYYY) (leave blank for initial) \_\_\_\_\_

4. Organization Type:
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Corporation                  | <input type="checkbox"/> General partnership           | <input type="checkbox"/> Limited partnership           |
| <input type="checkbox"/> Business trust               | <input type="checkbox"/> Sole proprietorship           | <input type="checkbox"/> Mutual                        |
| <input type="checkbox"/> Cooperative                  | <input type="checkbox"/> Limited liability partnership | <input type="checkbox"/> Limited liability corporation |
| <input type="checkbox"/> Other, please describe _____ |  |  |
- Effective Date (MM/DD/YYYY) (leave blank for initial) \_\_\_\_\_

*Items 5 and 6 are required for nonbanking companies only:*

5. If the reportable company is a functionally regulated subsidiary, please indicate its functional regulator:
- |   |   |                               |
|---|---|-------------------------------|
| <input type="checkbox"/> Not applicable               | <input type="checkbox"/> SEC and CFTC                 | <input type="checkbox"/> SEC  |
| <input type="checkbox"/> State securities department  | <input type="checkbox"/> State insurance commissioner | <input type="checkbox"/> CFTC |
| <input type="checkbox"/> Other, please describe _____ |   |                               |
- Effective Date (MM/DD/YYYY) (leave blank for initial) \_\_\_\_\_

6. Is the reportable company a financial subsidiary of a U.S. commercial bank?  
 Yes  No  
Effective Date (MM/DD/YYYY) (leave blank for initial) \_\_\_\_\_

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ID_RSSD	_____
COUNTY_CD	_____
CNTRY_CD	_____

## Investments and Activities Schedule

Use this schedule to report initial organizational structure and activities as well as changes to previously reported organizational structure and activities.

Check one:  Initial  Update  Correction

### Section A—Direct Holder and Reportable Company

1. **Direct Holder (Parent)  
Name and Location**

Legal Name \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

2. **Reportable Company  
Name and Location**

Legal Name \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

3. Is the reportable company consolidated in the reporter's financial statements?  Yes  No

### Section B—Investments

1. Transaction Type (check one)

- Change in ownership/control  No longer reportable  Transfer within the reporter's organizational structure  
 Commencement  Sale  Other, please describe \_\_\_\_\_  
 Liquidation

2. Transaction Date (MM/DD/YYYY) \_\_\_\_\_

3. If the transaction type is Transfer within the reporter's organizational structure, please list below the name and location of the former direct holder.

Legal Name \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

4. Ownership/Control by the Direct Holder:

<b>BHCs and Banks Only</b>	<b>Nonbanking Companies or Interests Held under Subpart A or C of Regulation K</b>
4.a. Exact percentage of the outstanding shares in a class of voting securities _____	4.c. Ownership interest in a class of voting securities <input type="checkbox"/> 80% or more <input type="checkbox"/> 25% to 50% <input type="checkbox"/> > 50% to < 80% <input type="checkbox"/> < 25% but 25% or more in the aggregate within the reporter's organization.
4.b. Exact percentage of nonvoting equity _____	
<b>All Companies (see Instructions)</b>	
4.d. Other basis of control <input type="checkbox"/> Yes <input type="checkbox"/> No	

Continue to page 4 for Sections C and D

# Investments and Activities Schedule—Continued

Reportable Company \_\_\_\_\_  
Legal Name (from Section A, item 2)

## Section C—Reportable merchant banking and insurance company investments

1. Percentage interest in the reportable company \_\_\_\_\_  Voting equity or other ownership interest  
 Assets
2. Cost of Investment \$ \_\_\_\_\_ (in millions of dollars)
3. Transaction Date (MM/DD/YYYY) \_\_\_\_\_

## Section D—Activities

For FRS Activity Codes, see Appendix B of the instructions

Activity	Transaction Type	Transaction Date	Legal Authority Code	FRS Activity or NAICS Code	Description of Activity
<i>Item 1 is required for FHCs</i>					
1.	Post transaction notice of a financial activity conducted under section 4(k) of the BHC Act				
1.a.	New Commencement	_____	_____	_____	_____
1.b.	New Commencement	_____	_____	_____	_____
1.c.	New Commencement	_____	_____	_____	_____
2.	Primary <input type="checkbox"/> Commencement <input type="checkbox"/> Update	_____	_____	_____	_____
3.	Secondary <input type="checkbox"/> Commencement <input type="checkbox"/> Update	_____	_____	_____	_____
4.	Termination of any activity	_____	_____	_____	_____

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ID_RSSD_E1	_____
ID_RSSD_E2	_____

## Merger Schedule

If the merger involved more than one nonsurvivor, complete a separate Merger Schedule for each nonsurvivor. Also complete as appropriate an Investment and Activities Schedule and a Characteristics Schedule if there are related organizational changes.

Check one:  Initial  Correction

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1. **Legal Date of Merger (MM/DD/YYYY)** \_\_\_\_\_

2. **Survivor Name and Location**

\_\_\_\_\_  
Legal Name

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Country

3. **Nonsurvivor Name and Location**

\_\_\_\_\_  
Legal Name

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Country

*Item 4 applies to U.S. bank mergers involving a commercial bank, savings bank, savings and loan, private bank, non-depository trust company or industrial bank.*

4. Did the head office of the nonsurvivor continue as a branch of the survivor?  Yes  No

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ID_RSSD_E2 (s) _____
ID_RSSD_E1 (ns) _____