

DOMESTIC FINANCE COMPANY REPORT OF CONSOLIDATED ASSETS AND LIABILITIES

 Month and Year

This report is authorized by law [12 U.S.C. §225(a)]. Your voluntary cooperation in submitting this report is needed to make the results comprehensive, accurate, and timely.

The Federal Reserve System regards the individual company information provided by each respondent as confidential. If it should be determined subsequently that any information collected on this form must be released, respondents will be notified.

Please read all the instructions before completing this form.

	Amount Outstanding End of Month		
	Mil.	Thous.	Dol.
ASSETS			
1. Consumer receivables:			
A. Motor vehicle financing			
B. Revolving credit			
C. Other consumer receivables			
2. Loans secured by real estate:			
A. 1-4 family			
B. Multifamily			
C. Commercial and farm			
3. Business receivables:			
A. Motor vehicle financing:			
(1) Retail (commercial vehicles)			
(2) Wholesale			
B. Business, industrial, and farm equipment:			
(1) Retail and wholesale financing			
(2) Capital and leveraged leases			
C. Other business receivables (exclude operating leases)			
4. Motor vehicle leases:			
A. Capital and leveraged <i>(If detail unavailable for lines 4.A.1 and 4.A.2, put total on line 4.A.)</i>			
(1) Consumer			
(2) Business			
B. Operating <i>(If detail unavailable for lines 4.B.1 and 4.B.2, put total on line 4.B.)</i>			
(1) Consumer			
(2) Business			

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		Amount Outstanding End of Month		
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5.	Non-motor vehicle operating leases: <i>(If detail unavailable for lines 5.A and 5.B, put total on line 5.)</i> .			
A.	Consumer			
B.	Business			
6.	All other assets and accounts and notes receivable			
7.	A. Less: Reserves for unearned income			
	B. Less: Reserves for losses			
8.	Total assets, net <i>(Sum of items 1 through 6 minus items 7.A and 7.B. This item must equal Liabilities Item 7.)</i>			
LIABILITIES AND CAPITAL				
1.	Bank loans			
2.	Commercial paper			
3.	Debt due to parent			
4.	Debt not elsewhere classified			
5.	All other liabilities			
6.	Capital, surplus, and undivided profits			
7.	Total liabilities and capital <i>(Sum of items 1 through 6. This item must equal Assets Item 8.)</i>			

} Reported only
for March, June
September, and
December

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SUPPLEMENTAL ITEMS (report monthly)	Amount Outstanding End of Month		
	Mil.	Thous.	Dol.
1. Sales of receivables during month to: (check all that apply)			
<input type="checkbox"/> Other finance companies			
<input type="checkbox"/> Commercial banks in the United States			
<input type="checkbox"/> All other financial institutions			
<input type="checkbox"/> Nonfinancial institutions			
If your finance company has sold retail, wholesale, or lease financing receivables that have been securitized, please complete Items 2 through 6. These assets, which have been sold, are no longer on your finance company's balance sheet and, therefore, are <i>not</i> included in Assets Items 1 through 5 above. Report the amounts outstanding of financing receivables that are included in packages of asset-backed securities (securitized assets) that you manage.			
2. Securitized consumer receivables:			
A. Credit to consumers to purchase individual motor vehicles			
B. Revolving credit to consumers			
C. Credit to consumers to purchase consumer goods other than motor vehicles			
3. Securitized real estate loans			
A. 1-4 family			
B. Multifamily			
C. Commercial and farm			
4. Securitized business receivables:			
A. Motor vehicle financing:			
(1) Retail (commercial vehicles)			
(2) Wholesale			
B. Business, industrial, and farm equipment:			
(1) Retail and wholesale financing			
(2) Capital and leveraged leases			
C. Other business receivables (exclude operating leases)			

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5. Securitized motor vehicle leases:			
A. Capital and leveraged <i>(If detail unavailable for lines 5.A.1 and 5.A.2, put total on line 5.A)</i>			
(1) Consumer			
(2) Business			
B. Operating <i>(If detail unavailable for lines 5.B.1 and 5.B.2, put total on line 5.B)</i>			
(1) Consumer			
(2) Business			
6. Securitized non-motor vehicle operating leases			
<i>(If detail unavailable for lines 6.A and 6.B, put total on line 6.)</i>			
A. Consumer			
B. Business			

Please print:

 Name of reporting institution

 Person to be contacted regarding this report

 Address

 Telephone number (including area code and extension)

 City

 Person to be contacted if above person is not available

 State Zip Code

 Telephone number (including area code and extension)

Please return one copy to:

By: