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Initial Reporting of a Top-Tier BHC (New FR Y-10 Reporter)

In this example, Tri-Cities Banking Company, a top-tier bank holding company and FR Y-9SP reporter, is formed and holds newly formed Tri-Cities Bank.

Two Banking Schedules are required:

1. One schedule to report the characteristics and activities of the new BHC, and
2. One schedule to report the formation of the new bank and its relationship with the BHC

If either the new BHC or the new Bank held additional reportable subsidiaries, these subsidiaries would also be reportable on the appropriate Banking or Nonbanking Schedules.

Schedule 1 of 2 used to report the new BHC.

Banking Schedule

For Federal Reserve Bank Use Only

ID_RSSD_E1 (direct holder) _____

ID_RSSD_E2 (reportable company) _____

If applicable, former d/h _____

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. Check box if correction:

1.a. Event Type (check all that apply): 1.b. Date of Event: 07/01/yyyy
(MM/DD/yyyy)

<input type="checkbox"/> Acquisition of a Going Concern	<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> No Longer Reportable
<input checked="" type="checkbox"/> De Novo Formation	<input type="checkbox"/> Liquidation	<input type="checkbox"/> Became Inactive
<input type="checkbox"/> External Transfer	<input type="checkbox"/> Change in Characteristics	<input type="checkbox"/> Debts Previously Contracted
<input type="checkbox"/> Internal Transfer	<input type="checkbox"/> Change in Activity or Legal Authority	<input type="checkbox"/> Became Reportable
<input type="checkbox"/> Other, please describe: _____		

Characteristics Section

2.a. Tri-Cities Banking Company
Legal Name of Banking Company

2.b. _____
If Name Change or Correction, Prior Legal Name of Banking Company

3.a. 1001 Redline Avenue
Current Street Address (Physical Location)

3.b. _____
If Relocation or Correction, Prior Street Address (Physical Location)

Redline, Alameda
City and County

_____ If Relocation or Correction, Prior City and County

CA, United States, 94501
State/Province, Country, and Zip/Postal Code

_____ If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code

DE
State or Country (if foreign) of Incorporation

_____ If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. Date Opened: 07/01/yyyy
(MM/DD/yyyy)

5. Fiscal Year End (FBOs and BHCs Only): 09/30
(MM/DD)

6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
 Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
 Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number:
not required for FBOs leading six digits only

8. Tax ID Number: -

9. Banking Company Type: BHC FBO U.S. Commercial Bank U.S. State Chartered Savings Bank
 Other, please describe: _____

10. Business Organization Type: Corporation General Partnership Limited Partnership
 Business Trust Sole Proprietorship Mutual
 Cooperative Limited Liability Partnership Limited Liability Co./Corp.
 Limited Liability Limited Partnership
 Other, please describe: _____

11. Is the Banking Company consolidated in the reporter's financial statements? Yes No
(only reportable for foreign investments)

Ownership Section (report at direct holder level unless otherwise noted)

12. Direct Holder's Name and Location: _____
Legal Name City, State/Province, Country

13.a. Percentage of a Class of Voting Shares: _____% **or** 13.b. Percentage of Nonvoting Equity: _____%

13.c. Other Interest: Yes No

13.d. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder: General Partner / Managing Member Limited Partner / Non-Managing Member

14. Control by Direct Holder: Yes No

15. Control by Reporter: Yes No

16. Former Direct Holder's Name and Location (if applicable): _____
Legal Name of Former Direct Holder City, State/Province, Country

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	_____	<u>55111</u>	<u>Offices of Bank Holding Companies</u>
17.b. Secondary Activity <small>(FBOs and BHCs Only)</small>	_____	_____	_____
17.c. Termination of Activity	_____	_____	_____

Example: 101.01-1 / BANK FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Initial Reporting of a Top-Tier BHC (New FR Y-10 Reporter)—continued

Schedule 2 of 2 used to report the new bank and its relationship with the new BHC.

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.

For Federal Reserve Bank Use Only

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

Check box if correction:

1.a. Event Type (check all that apply):

- Acquisition of a Going Concern
- De Novo Formation
- External Transfer
- Internal Transfer
- Other, please describe: _____

- Change in Ownership
- Liquidation
- Change in Characteristics
- Change in Activity or Legal Authority

1.b. Date of Event: _____

07/01/yyyy
(MM/DD/YYYY)

- No Longer Reportable
- Became Inactive
- Debts Previously Contracted
- Became Reportable

Characteristics Section

2.a. Tri-Cities Bank

Legal Name of Banking Company

2.b. _____

If Name Change or Correction, Prior Legal Name of Banking Company

3.a. 1001 Redline Avenue

Current Street Address (Physical Location)

3.b. _____

If Relocation or Correction, Prior Street Address (Physical Location)

Redline, Alameda

City and County

If Relocation or Correction, Prior City and County

CA, United States, 94501

State/Province, Country, and Zip/Postal Code

If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code

CA

State or Country (if foreign) of Incorporation

If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. Date Opened: _____

07/01/yyyy
(MM/DD/YYYY)

5. Fiscal Year End (FBOs and BHCs Only): _____

(MM/DD)

6. SEC Reporting Status:

- Not Applicable
- Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
- Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
- Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number: _____

7 8 9 1 0 1
leading six digits only

8. Tax ID Number: _____

1 5 - 1 2 3 4 1 2 3

9. Banking Company Type:

- BHC
- FBO
- U.S. Commercial Bank
- U.S. State Chartered Savings Bank
- Other, please describe: _____

10. Business Organization Type:

- Corporation
- Business Trust
- Cooperative
- Limited Liability Limited Partnership
- Other, please describe: _____
- General Partnership
- Sole Proprietorship
- Limited Liability Partnership
- Limited Partnership
- Mutual
- Limited Liability Co./Corp.

11. Is the Banking Company consolidated in the reporter's financial statements? Yes No

(only reportable for foreign investments)

Ownership Section (report at direct holder level unless otherwise noted)

12. Direct Holder's Name and Location: Tri-Cities Banking Company

Legal Name

Redline, CA, United States

City, State/Province, Country

13.a. Percentage of a Class of Voting Shares: 100 %

or

13.b. Percentage of Nonvoting Equity: _____ %

13.c. Other Interest:

- Yes
- No

13.d. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder:

- General Partner / Managing Member
- Limited Partner / Non-Managing Member

14. Control by Direct Holder:

- Yes
- No

15. Control by Reporter:

- Yes
- No

16. Former Direct Holder's Name and Location (if applicable):

Legal Name of Former Direct Holder

City, State/Province, Country

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	<u>7</u>	<u>52211</u>	<u>Commercial Banking</u>
17.b. Secondary Activity (FBOs and BHCs Only)	_____	_____	_____
17.c. Termination of Activity	_____	_____	_____

Example: 101.01-2 / BANK

FR Y-10 ONLINE
— December 2011 —

Initial Reporting of a Top-Tier Non-qualifying or Qualifying FBO (New FR Y-10 Reporter)
—continued

Schedule 2 of 2 used for the initial reporting of a U.S. Agency of a Foreign Bank.

For Federal Reserve Bank Use Only ID_RSSD _____ Country, State and Country Code _____ ID_RSSD_HD_OFF _____ City and Country Code _____	
<h3>Branch, Agency, and Representative Office of FBOs Schedule</h3> <p>Use this schedule to report information about U.S. branches, agencies, representative offices, and managed non-U.S. branches of FBOs, and U.S representative offices of foreign bank subsidiaries of Foreign Banking Organizations.</p> <p>Report all offices, including inactive offices that continue to retain their license. Check box if correction: <input type="checkbox"/></p>	
1.a. Event Type (check all that apply):	1.b. Date of Event: <u>06/01/yyyy</u> <small>(MM/DD/YYYY)</small>
<input checked="" type="checkbox"/> Opening <input type="checkbox"/> Change in Office Type <input type="checkbox"/> Commenced Activities Through Managed Non-U.S. Branch <input type="checkbox"/> Other, please describe event type: _____	<input type="checkbox"/> License Issued <input type="checkbox"/> Became Inactive <input type="checkbox"/> Ceased Activities Through Managed Non-U.S. Branch <input type="checkbox"/> Relocation <input type="checkbox"/> License Surrendered
<h4>Characteristics Section</h4>	
2. Office Type (including Managed Non-U.S. Branches): <input type="checkbox"/> Branch <input checked="" type="checkbox"/> Agency <input type="checkbox"/> Representative Office	
3. <u>Los Angeles Agency</u> <small>Popular Name</small>	
4.a. Current Address <u>101 Main Street</u> <small>Current Street Address (Physical Location)</small> <u>Los Angeles, Los Angeles</u> <small>City and County</small> <u>CA, United States, 90010</u> <small>State, Country, and Zip/Postal Code</small>	4.b. Previous Address (if changes have occurred): _____ <small>If Relocation or Correction, Prior Street Address (Physical Location)</small> _____ <small>If Relocation or Correction, Prior City and County</small> _____ <small>If Relocation or Correction, Prior State, Country, and Zip/Postal Code</small>
5. <u>First Foreign Banking Company of Japan</u> <small>Head Office Legal Name</small> <u>Tokyo, Japan 100-8330</u> <small>City, Province, Country, and Zip/Postal Code</small>	
<div style="display: flex; justify-content: space-between;"> Example: 102.01-2 / BARO FR Y-10 ONLINE — December 2011 — </div>	

To assist with the opening of the domestic agency, use the event selection of *FBO U.S. Branch, Agency, or Representative Office* under *Branch Activity*.

If a foreign bank became an FBO through the opening or acquisition of a U.S. bank, BHC or FBO, a Banking Schedule would be filed in place of the BARO schedule.

If the foreign bank became an FBO through the opening or acquisition of a commercial lending company (e.g., New York Article XII Company) or an Edge and agreement corporation acquired after March 5, 1987, a Nonbanking Schedule would be filed in place of the BARO schedule. ☒

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Initial Reporting of an Unaffiliated National or State Member Bank (New FR Y-10 Reporter)

In this example, First United Bank, a de novo state member bank, opens for business and files its initial reporting of the FR Y-10. First United Bank is not controlled by a BHC.

To report this event, go to *De Novo Formations and New FR Y-10 Reporters*, and use the event type *Initial Reporting of an Unaffiliated National or State Member Bank (New FR Y-10 Reporter)*.

Banking Schedule

For Federal Reserve Bank Use Only

ID_RSSD_E1 (direct holder) _____

ID_RSSD_E2 (reportable company) _____

If applicable, former d/h _____

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. Check box if correction:

1.a. Event Type (check all that apply):

<input type="checkbox"/> Acquisition of a Going Concern	<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> No Longer Reportable
<input checked="" type="checkbox"/> De Novo Formation	<input type="checkbox"/> Liquidation	<input type="checkbox"/> Became Inactive
<input type="checkbox"/> External Transfer	<input type="checkbox"/> Change in Characteristics	<input type="checkbox"/> Debts Previously Contracted
<input type="checkbox"/> Internal Transfer	<input type="checkbox"/> Change in Activity or Legal Authority	<input type="checkbox"/> Became Reportable
<input type="checkbox"/> Other, please describe: _____		

1.b. Date of Event: 08/01/yyyy
(MM/DD/YYYY)

Characteristics Section

2.a. First United Bank
Legal Name of Banking Company

2.b. _____
If Name Change or Correction, Prior Legal Name of Banking Company

3.a. 3423 Investment Boulevard
Current Street Address (Physical Location)

3.b. _____
If Relocation or Correction, Prior Street Address (Physical Location)

Richmond, Richmond
City and County

_____ If Relocation or Correction, Prior City and County

VA, United States, 23219
State/Province, Country, and Zip/Postal Code

_____ If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code

VA
State or Country (if foreign) of Incorporation

_____ If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. Date Opened: 08/01/yyyy
(MM/DD/YYYY)

5. Fiscal Year End (FBOs and BHCs Only): _____
(MM/DD)

6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
 Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
 Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number:
not required for FBOs leading six digits only

8. Tax ID Number: -

9. Banking Company Type: BHC FBO U.S. Commercial Bank U.S. State Chartered Savings Bank
 Other, please describe: _____

10. Business Organization Type: Corporation General Partnership Limited Partnership
 Business Trust Sole Proprietorship Mutual
 Cooperative Limited Liability Partnership Limited Liability Co./Corp.
 Limited Liability Limited Partnership
 Other, please describe: _____

11. Is the Banking Company consolidated in the reporter's financial statements? Yes No
(only reportable for foreign investments)

Ownership Section (report at direct holder level unless otherwise noted)

12. Direct Holder's Name and Location: _____
Legal Name City, State/Province, Country

13.a. Percentage of a Class of Voting Shares: _____% or 13.b. Percentage of Nonvoting Equity: _____%

13.c. Other Interest: Yes No

13.d. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder: General Partner / Managing Member Limited Partner / Non-Managing Member

14. Control by Direct Holder: Yes No

15. Control by Reporter: Yes No

16. Former Direct Holder's Name and Location (if applicable): _____
Legal Name of Former Direct Holder City, State/Province, Country

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	_____	<u>52211</u>	<u>Commercial Banking</u>
17.b. Secondary Activity <small>(FBOs and BHCs Only)</small>	_____	_____	_____
17.c. Termination of Activity	_____	_____	_____

Example: 104.01 / BANK FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Initial Reporting of a Unaffiliated Edge or Agreement Corporation (New FR Y-10 Reporter)

In this example, Banking Edge International, a de novo banking Edge, opens for business and files its initial reporting of the FR Y-10. Banking Edge International is not controlled by a BHC or FBO.

To report this event, go to *De Novo Formations and New FR Y-10 Reporters*, and use the event type *Initial Reporting of an Unaffiliated Edge or Agreement Corporation (New FR Y-10 Reporter)*.

Nonbanking Schedule

For Federal Reserve Bank Use Only

ID_RSSD_E1 (direct holder) _____

ID_RSSD_E2 (reportable company) _____

If applicable, former d/h _____

Check box if correction:

Use this schedule to report information about a reporter that is a Nonbanking Company and a reporter's directly or indirectly held interests in a Nonbanking Company.

1.a. Event Type (check all that apply):

<input type="checkbox"/> Acquisition of a Going Concern	<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> No Longer Reportable
<input checked="" type="checkbox"/> De Novo Formation	<input type="checkbox"/> Liquidation	<input type="checkbox"/> Became Inactive
<input type="checkbox"/> External Transfer	<input type="checkbox"/> Change in Characteristics	<input type="checkbox"/> Became Reportable
<input type="checkbox"/> Internal Transfer	<input type="checkbox"/> Change in Activity or Legal Authority	
<input type="checkbox"/> Other, please describe: _____		

1.b. Date of Event: 08/01/yyyy
(MM/DD/YYYY)

Characteristics Section

2.a. Banking Edge International
Legal Name of Nonbanking Company

2.b. _____
If Name Change or Correction, Prior Legal Name of Nonbanking Company

3.a. Chicago, Cook
City and County (Physical Location)

3.b. _____
If Relocation or Correction, Prior City and County (Physical Location)

IL, United States, 60604
State/Province, Country, and Zip/Postal Code

If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code

DE
State or Country (if foreign) of Incorporation

If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. If the Nonbanking Company is a Functionally Regulated Subsidiary, indicate its functional regulator:

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> SEC and CFTC	<input type="checkbox"/> SEC Only
<input type="checkbox"/> CFTC Only	<input type="checkbox"/> State Securities Department	<input type="checkbox"/> State Insurance Regulator

5. Is the Nonbanking Company a Financial Subsidiary of an insured Depository Institution? Yes No

6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
 Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
 Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number: _____
see instructions for when applicable leading six digits only

8. Tax ID Number: 40-2009105

9. Nonbanking Company Type (see instructions for list): Banking Edge or Agreement Corporation
 Other, please describe: _____

10. Business Organization Type: Corporation General Partnership Limited Partnership
 Business Trust Sole Proprietorship Mutual
 Cooperative Limited Liability Partnership Limited Liability Co./Corp.
 Limited Liability Limited Partnership
 Other, please describe: _____

11. Is the Nonbanking Company consolidated in the reporter's financial statements? Yes No
Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:
(a) Consolidated subsidiary in a foreign country; (b) A majority-owned Edge or Agreement subsidiary

Ownership Section (report at direct holder level unless otherwise noted)

12. Direct Holder's Name and Location: _____
Legal Name City, State/Province, Country

13.a. 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 controlled elsewhere within the organization

13.b. Other Interest: Yes No

13.c. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder: General Partner / Managing Member Limited Partner / Non-Managing Member

14. Control by Direct Holder: Yes No

15. Regulation K, Subpart A Investments: Portfolio Investment Joint Venture Subsidiary

16. Former Direct Holder's Name and Location (if applicable): _____
Legal Name of Former Direct Holder City, State/Province, Country

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	_____	<u>522293</u>	<u>International Trade Financing</u>
17.b. Secondary Activity	_____	_____	_____
17.c. Termination of Activity	_____	_____	_____

Example: 105.01 / NONB FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Opening of a De Novo Mid-Tier BHC or FBO

The business event of *Opening of a De Novo Mid-Tier BHC or FBO* (located under *De Novo Formations and New FR Y-10 Reporters*) should be used to report the de novo formation of a mid-tier bank holding company (BHC) or a mid-tier foreign banking organization (FBO). This mid-tier company is not the reporter.

When reporting a de novo formation of a BHC or FBO, two schedules are generally expected. One schedule reflects the characteristics of and the investment in the newly formed company. The second schedule may reflect the opening, acquisition, or transfer of a company to the mid-tier company. If the mid-tier company is an FBO, the second schedule may reflect the ownership of U.S. branch, agency, or representative office.

In addition, if the new mid-tier company was held by more than one direct holder, additional Banking Schedules would be required, one for each holder.

In this example, Affinity Mid-Tier BHC is a newly formed and wholly-owned company of Affinity Bank Holding Company (the reporter). You must provide the characteristics of and ownership information in the newly formed company.

The business event of *Opening of a De Novo Mid-Tier BHC or FBO* will produce this schedule (shown right). Complete an additional event or events to report any reportable companies, branches or agencies held by the de novo mid-tier company. ☒

Banking Schedule

For Federal Reserve Bank Use Only

ID_RSSD_E1 (direct holder) _____

ID_RSSD_E2 (reportable company) _____

If applicable, former d/h _____

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. Check box if correction:

1.a. Event Type (check all that apply):

<input type="checkbox"/> Acquisition of a Going Concern	<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> No Longer Reportable
<input checked="" type="checkbox"/> De Novo Formation	<input type="checkbox"/> Liquidation	<input type="checkbox"/> Became Inactive
<input type="checkbox"/> External Transfer	<input type="checkbox"/> Change in Characteristics	<input type="checkbox"/> Debts Previously Contracted
<input type="checkbox"/> Internal Transfer	<input type="checkbox"/> Change in Activity or Legal Authority	<input type="checkbox"/> Became Reportable
<input type="checkbox"/> Other, please describe: _____		

1.b. Date of Event: 07/01/yyyy
(MM/DD/YYYY)

Characteristics Section

2.a. Affinity Mid-Tier BHC
Legal Name of Banking Company

2.b. _____
If Name Change or Correction, Prior Legal Name of Banking Company

3.a. 2500 Mount Whitney Street
Current Street Address (Physical Location)

3.b. _____
If Relocation or Correction, Prior Street Address (Physical Location)

Yakima, Yakima
City and County

_____ If Relocation or Correction, Prior City and County

WA, United States, 98902
State/Province, Country, and Zip/Postal Code

_____ If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code

DE
State or Country (if foreign) of Incorporation

_____ If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. Date Opened: 07/01/yyyy
(MM/DD/YYYY)

5. Fiscal Year End (FBOs and BHCs Only): 12/31
(MM/DD)

6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
 Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
 Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number:
not required for FBOs leading six digits only

8. Tax ID Number: -

9. Banking Company Type: BHC FBO U.S. Commercial Bank U.S. State Chartered Savings Bank
 Other, please describe: _____

10. Business Organization Type: Corporation General Partnership Limited Partnership
 Business Trust Sole Proprietorship Mutual
 Cooperative Limited Liability Partnership Limited Liability Co./Corp.
 Limited Liability Limited Partnership
 Other, please describe: _____

11. Is the Banking Company consolidated in the reporter's financial statements? Yes No
(only reportable for foreign investments)

Ownership Section (report at direct holder level unless otherwise noted)

12. Direct Holder's Name and Location: Affinity Bank Holding Company Yakima, WA, United States
Legal Name City, State/Province, Country

13.a. Percentage of a Class of Voting Shares: 100 % or 13.b. Percentage of Nonvoting Equity: _____ %

13.c. Other Interest: Yes No

13.d. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder: General Partner / Managing Member Limited Partner / Non-Managing Member

14. Control by Direct Holder: Yes No

15. Control by Reporter: Yes No

16. Former Direct Holder's Name and Location (if applicable): _____
Legal Name of Former Direct Holder City, State/Province, Country

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	<u>7</u>	<u>551111</u>	<u>Offices of Bank Holding Companies</u>
17.b. Secondary Activity <small>(FBOs and BHCs Only)</small>	_____	_____	_____
17.c. Termination of Activity	_____	_____	_____

Example: 106.01 / BANK FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Opening of a De Novo U.S. Bank or State Savings Bank

In this example, Affinity Commercial Bank is formed and held by an existing bank holding company (Affinity Bank Holding Company).

One Banking Schedule is required to report the new formation of the bank and its relationship with the BHC, its direct holder.

If the new bank was held by more than one direct holder, additional Banking Schedules would be required. Similarly, if the new bank held any reportable subsidiaries, these would be reported on the appropriate Banking or Nonbanking Schedules.

Banking Schedule

For Federal Reserve Bank Use Only

ID_RSSD_E1 (direct holder) _____

ID_RSSD_E2 (reportable company) _____

If applicable, former d/h _____

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. Check box if correction:

1.a. Event Type (check all that apply):

<input type="checkbox"/> Acquisition of a Going Concern	<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> No Longer Reportable
<input checked="" type="checkbox"/> De Novo Formation	<input type="checkbox"/> Liquidation	<input type="checkbox"/> Became Inactive
<input type="checkbox"/> External Transfer	<input type="checkbox"/> Change in Characteristics	<input type="checkbox"/> Debts Previously Contracted
<input type="checkbox"/> Internal Transfer	<input type="checkbox"/> Change in Activity or Legal Authority	<input type="checkbox"/> Became Reportable
<input type="checkbox"/> Other, please describe: _____		

1.b. Date of Event: 04/24/yyyy
(MM/DD/YYYY)

Characteristics Section

2.a. Affinity Commercial Bank
Legal Name of Banking Company

2.b. _____
If Name Change or Correction, Prior Legal Name of Banking Company

3.a. 2539 Mount Whitney Street
Current Street Address (Physical Location)

3.b. _____
If Relocation or Correction, Prior Street Address (Physical Location)

Yakima, Yakima
City and County

_____ If Relocation or Correction, Prior City and County

WA, United States, 98902
State/Province, Country, and Zip/Postal Code

_____ If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code

WA
State or Country (if foreign) of Incorporation

_____ If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. Date Opened: 04/24/yyyy
(MM/DD/YYYY)

5. Fiscal Year End (FBOs and BHCs Only): _____
(MM/DD)

6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
 Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
 Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number: 5 5 4 6 5 1
not required for FBOs leading six digits only

8. Tax ID Number: 3 4 - 7 7 3 2 4 8 1

9. Banking Company Type: BHC FBO U.S. Commercial Bank U.S. State Chartered Savings Bank
 Other, please describe: _____

10. Business Organization Type: Corporation General Partnership Limited Partnership
 Business Trust Sole Proprietorship Mutual
 Cooperative Limited Liability Partnership Limited Liability Co./Corp.
 Limited Liability Limited Partnership
 Other, please describe: _____

11. Is the Banking Company consolidated in the reporter's financial statements? Yes No
(only reportable for foreign investments)

Ownership Section (report at direct holder level unless otherwise noted)

12. Direct Holder's Name and Location: Affinity Bank Holding Company Yakima, WA, United States
Legal Name City, State/Province, Country

13.a. Percentage of a Class of Voting Shares: 100 % or 13.b. Percentage of Nonvoting Equity: _____ %

13.c. Other Interest: Yes No

13.d. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder: General Partner / Managing Member Limited Partner / Non-Managing Member

14. Control by Direct Holder: Yes No

15. Control by Reporter: Yes No

16. Former Direct Holder's Name and Location (if applicable): _____
Legal Name of Former Direct Holder City, State/Province, Country

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	<u>7</u>	<u>52211</u>	<u>Commercial Banking</u>
17.b. Secondary Activity <small>(FBOs and BHCs Only)</small>	_____	_____	_____
17.c. Termination of Activity	_____	_____	_____

Example: 107.01 / BANK FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Opening of a De Novo Nonbanking Company

➤ Forming a Company that Issues Trust Preferred Securities

In this example, Midwest Bank Holding Company formed Midwest Statutory Trust I, a business trust that issues trust preferred securities on January 1, YYYY.

Nonbanking Schedule

For Federal Reserve Bank Use Only

ID_RSSD_E1 (direct holder) _____

ID_RSSD_E2 (reportable company) _____

If applicable, former d/h _____

Check box if correction:

Use this schedule to report information about a reporter that is a Nonbanking Company and a reporter's directly or indirectly held interests in a Nonbanking Company.

1.a. Event Type (check all that apply):

<input type="checkbox"/> Acquisition of a Going Concern	<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> No Longer Reportable
<input checked="" type="checkbox"/> De Novo Formation	<input type="checkbox"/> Liquidation	<input type="checkbox"/> Became Inactive
<input type="checkbox"/> External Transfer	<input type="checkbox"/> Change in Characteristics	<input type="checkbox"/> Became Reportable
<input type="checkbox"/> Internal Transfer	<input type="checkbox"/> Change in Activity or Legal Authority	
<input type="checkbox"/> Other, please describe: _____		

1.b. Date of Event: 01/01/YYYY
(MM/DD/YYYY)

Characteristics Section

2.a. Midwest Statutory Trust I
Legal Name of Nonbanking Company

2.b. _____
If Name Change or Correction, Prior Legal Name of Nonbanking Company

3.a. Saint Louis, Saint Louis
City and County (Physical Location)

3.b. _____
If Relocation or Correction, Prior City and County (Physical Location)

MO, United States, 63115
State/Province, Country, and Zip/Postal Code

If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code

MO
State or Country (if foreign) of Incorporation

If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. If the Nonbanking Company is a Functionally Regulated Subsidiary, indicate its functional regulator:

<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> SEC and CFTC	<input type="checkbox"/> SEC Only
<input type="checkbox"/> CFTC Only	<input type="checkbox"/> State Securities Department	<input type="checkbox"/> State Insurance Regulator

5. Is the Nonbanking Company a Financial Subsidiary of an insured Depository Institution? Yes No

6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
 Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
 Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number: _____
see instructions for when applicable leading six digits only

8. Tax ID Number: 31-2009108

9. Nonbanking Company Type (see instructions for list): Other Company
 Other, please describe: Statutory Trust

10. Business Organization Type:

<input type="checkbox"/> Corporation	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
<input checked="" 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 Co./Corp.
<input type="checkbox"/> Limited Liability Limited Partnership		
<input type="checkbox"/> Other, please describe: _____		

11. Is the Nonbanking Company consolidated in the reporter's financial statements? Yes No
Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:
(a) Consolidated subsidiary in a foreign country; (b) A majority-owned Edge or Agreement subsidiary

Ownership Section (report at direct holder level unless otherwise noted)

12. Direct Holder's Name and Location: Midwest Bank Holding Company St. Louis, MO, United States
Legal Name City, State/Province, Country

13.a. 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 controlled elsewhere within the organization

13.b. Other Interest: Yes No

13.c. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder: General Partner / Managing Member Limited Partner / Non-Managing Member

14. Control by Direct Holder: Yes No

15. Regulation K, Subpart A Investments: Portfolio Investment Joint Venture Subsidiary

16. Former Direct Holder's Name and Location (if applicable): _____
Legal Name of Former Direct Holder City, State/Province, Country

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	<u>17</u>	<u>52599</u>	<u>Other Financial Vehicles</u>
17.b. Secondary Activity	_____	_____	_____
17.c. Termination of Activity	_____	_____	_____

Example: 108.01 / NONB FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Acquisition of a BHC or FBO (Qualifying or Non-qualifying)

In this example, Interchange BHC, a top tier bank holding company, acquires 95% of the voting shares of Statewide Bancshares. Statewide Bancshares has been in existence since 1980 and will become a lower tier holding company under Interchange BHC.

To report this event, use the Event Type *Acquisition of a Going Concern*.

The acquired BHC's subsidiaries, including all bank and nonbank subs, would be reported separately on Banking and Nonbanking schedules.

Note: Subsequent acquisitions of additional shares by the same direct holder would be reported as a *Change in Ownership*.

Banking Schedule		For Federal Reserve Bank Use Only	
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.		ID_RSSD_E1 (direct holder)	_____
		ID_RSSD_E2 (reportable company)	_____
		If applicable, former d/h	_____
Check box if correction: <input type="checkbox"/>			
1.a. Event Type (check all that apply):		1.b. Date of Event: 08/01/yyyy <small>(MM/DD/YYYY)</small>	
<input checked="" type="checkbox"/> Acquisition of a Going Concern <input type="checkbox"/> De Novo Formation <input type="checkbox"/> External Transfer <input type="checkbox"/> Internal Transfer <input type="checkbox"/> Other, please describe: _____		<input type="checkbox"/> Change in Ownership <input type="checkbox"/> Liquidation <input type="checkbox"/> Change in Characteristics <input type="checkbox"/> Change in Activity or Legal Authority <input type="checkbox"/> No Longer Reportable <input type="checkbox"/> Became Inactive <input type="checkbox"/> Debts Previously Contracted <input type="checkbox"/> Became Reportable	
Characteristics Section			
2.a. Statewide Bancshares <small>Legal Name of Banking Company</small>		2.b. _____ <small>If Name Change or Correction, Prior Legal Name of Banking Company</small>	
3.a. 2175 East Rich Street <small>Current Street Address (Physical Location)</small>		3.b. _____ <small>If Relocation or Correction, Prior Street Address (Physical Location)</small>	
Columbus, Franklin <small>City and County</small>		_____ <small>If Relocation or Correction, Prior City and County</small>	
OH, United States, 43201 <small>State/Province, Country, and Zip/Postal Code</small>		_____ <small>If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code</small>	
OH <small>State or Country (if foreign) of Incorporation</small>		_____ <small>If Relocation or Correction, Prior State or Country (if foreign) of Incorporation</small>	
4. Date Opened: 06/01/1980 <small>(MM/DD/YYYY)</small>		5. Fiscal Year End (FBOs and BHCs Only): 12/31 <small>(MM/DD)</small>	
6. SEC Reporting Status: <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act <input type="checkbox"/> Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act <input type="checkbox"/> Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934			
7. CUSIP Number: 221091 <small>not required for FBOs leading six digits only</small>		8. Tax ID Number: 31-2009109	
9. Banking Company Type: <input checked="" type="checkbox"/> BHC <input type="checkbox"/> FBO <input type="checkbox"/> U.S. Commercial Bank <input type="checkbox"/> U.S. State Chartered Savings Bank <input type="checkbox"/> Other, please describe: _____			
10. Business Organization Type: <input checked="" 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 Co./Corp. <input type="checkbox"/> Limited Liability Limited Partnership <input type="checkbox"/> Other, please describe: _____			
11. Is the Banking Company consolidated in the reporter's financial statements? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(only reportable for foreign investments)</small>			
Ownership Section (report at direct holder level unless otherwise noted)			
12. Direct Holder's Name and Location: Interchange BHC <small>Legal Name</small>		Columbus, OH, United States <small>City, State/Province, Country</small>	
13.a. Percentage of a Class of Voting Shares: 95 %		or 13.b. Percentage of Nonvoting Equity: _____ %	
13.c. Other Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13.d. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder: <input type="checkbox"/> General Partner / Managing Member <input type="checkbox"/> Limited Partner / Non-Managing Member			
14. Control by Direct Holder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
15. Control by Reporter: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
16. Former Direct Holder's Name and Location (if applicable): _____ <small>Legal Name of Former Direct Holder City, State/Province, Country</small>			
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	7	551111	Offices of Bank Holding Companies
17.b. Secondary Activity <small>(FBOs and BHCs Only)</small>	_____	_____	_____
17.c. Termination of Activity	_____	_____	_____

Example: 109.01 / BANK

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This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Acquisition of a U.S. Bank or State Savings Bank

In this example, United Bank Holding Company acquired 95% voting equity of Virginia United Bank, a bank that was already in existence.

To report this event, go to *Acquisition of a U.S. Bank or State Savings Bank*.

Banking Schedule		For Federal Reserve Bank Use Only	
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.		ID_RSSD_E1 (direct holder)	_____
		ID_RSSD_E2 (reportable company)	_____
		If applicable, former d/h	_____
		Check box if correction: <input type="checkbox"/>	
1.a. Event Type (check all that apply):		1.b. Date of Event: 08/01/yyyy (MM/DD/YYYY)	
<input checked="" type="checkbox"/> Acquisition of a Going Concern <input type="checkbox"/> De Novo Formation <input type="checkbox"/> External Transfer <input type="checkbox"/> Internal Transfer <input type="checkbox"/> Other, please describe: _____		<input type="checkbox"/> Change in Ownership <input type="checkbox"/> Liquidation <input type="checkbox"/> Change in Characteristics <input type="checkbox"/> Change in Activity or Legal Authority <input type="checkbox"/> No Longer Reportable <input type="checkbox"/> Became Inactive <input type="checkbox"/> Debts Previously Contracted <input type="checkbox"/> Became Reportable	
Characteristics Section			
2.a. Virginia United Bank <small>Legal Name of Banking Company</small>		2.b. _____ <small>If Name Change or Correction, Prior Legal Name of Banking Company</small>	
3.a. 6400 Investment Boulevard <small>Current Street Address (Physical Location)</small>		3.b. _____ <small>If Relocation or Correction, Prior Street Address (Physical Location)</small>	
Richmond, Richmond <small>City and County</small>		_____ <small>If Relocation or Correction, Prior City and County</small>	
VA, United States, 23219 <small>State/Province, Country, and Zip/Postal Code</small>		_____ <small>If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code</small>	
VA <small>State or Country (if foreign) of Incorporation</small>		_____ <small>If Relocation or Correction, Prior State or Country (if foreign) of Incorporation</small>	
4. Date Opened: 01/01/2003 <small>(MM/DD/YYYY)</small>		5. Fiscal Year End (FBOs and BHCs Only): _____ <small>(MM/DD)</small>	
6. SEC Reporting Status: <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act <input type="checkbox"/> Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act <input type="checkbox"/> Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934			
7. CUSIP Number: 1 2 4 3 1 4 <small>not required for FBOs leading six digits only</small>		8. Tax ID Number: 6 7 - 2 0 0 9 1 1 0	
9. Banking Company Type: <input type="checkbox"/> BHC <input type="checkbox"/> FBO <input checked="" type="checkbox"/> U.S. Commercial Bank <input type="checkbox"/> U.S. State Chartered Savings Bank <input type="checkbox"/> Other, please describe: _____			
10. Business Organization Type: <input checked="" 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 Co./Corp. <input type="checkbox"/> Limited Liability Limited Partnership <input type="checkbox"/> Other, please describe: _____			
11. Is the Banking Company consolidated in the reporter's financial statements? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(only reportable for foreign investments)</small>			
Ownership Section (report at direct holder level unless otherwise noted)			
12. Direct Holder's Name and Location: United Bank Holding Company <small>Legal Name</small>		Richmond, VA, United States <small>City, State/Province, Country</small>	
13.a. Percentage of a Class of Voting Shares: 95 % or		13.b. Percentage of Nonvoting Equity: _____ %	
13.c. Other Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13.d. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder: <input type="checkbox"/> General Partner / Managing Member <input type="checkbox"/> Limited Partner / Non-Managing Member			
14. Control by Direct Holder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
15. Control by Reporter: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
16. Former Direct Holder's Name and Location (if applicable): _____ <small>Legal Name of Former Direct Holder City, State/Province, Country</small>			
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	7	52211	Commercial Banking
17.b. Secondary Activity <small>(FBOs and BHCs Only)</small>	_____	_____	_____
17.c. Termination of Activity	_____	_____	_____

Example: 110.01 / BANK

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This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Acquisition of a Nonbanking Company

➤ Example 1: Acquisition of a General Partner Interest in a Limited Partnership

In this example, New Kingsland Banking Company acquired an 80% general partner interest in New Kingsland Investment L.P., Newark, NJ, on June 1, YYYY.

Nonbanking Schedule

For Federal Reserve Bank Use Only

ID_RSSD_E1 (direct holder) _____

ID_RSSD_E2 (reportable company) _____

If applicable, former d/h _____

Check box if correction:

Use this schedule to report information about a reporter that is a Nonbanking Company and a reporter's directly or indirectly held interests in a Nonbanking Company.

1.a. Event Type (check all that apply):

<input checked="" type="checkbox"/> Acquisition of a Going Concern	<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> No Longer Reportable
<input type="checkbox"/> De Novo Formation	<input type="checkbox"/> Liquidation	<input type="checkbox"/> Became Inactive
<input type="checkbox"/> External Transfer	<input type="checkbox"/> Change in Characteristics	<input type="checkbox"/> Became Reportable
<input type="checkbox"/> Internal Transfer	<input type="checkbox"/> Change in Activity or Legal Authority	
<input type="checkbox"/> Other, please describe: _____		

1.b. Date of Event: 06/01/YYYY
(MM/DD/YYYY)

Characteristics Section

2.a. New Kingsland Investment L.P.
Legal Name of Nonbanking Company

2.b. _____
If Name Change or Correction, Prior Legal Name of Nonbanking Company

3.a. Newark, Essex
City and County (Physical Location)

3.b. _____
If Relocation or Correction, Prior City and County (Physical Location)

NJ, United States, 07100
State/Province, Country, and Zip/Postal Code

_____ If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code

NJ
State or Country (if foreign) of Incorporation

_____ If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. If the Nonbanking Company is a Functionally Regulated Subsidiary, indicate its functional regulator:

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> SEC and CFTC	<input checked="" type="checkbox"/> SEC Only
<input type="checkbox"/> CFTC Only	<input type="checkbox"/> State Securities Department	<input type="checkbox"/> State Insurance Regulator

5. Is the Nonbanking Company a Financial Subsidiary of an insured Depository Institution? Yes No

6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
 Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
 Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number: _____
see instructions for when applicable leading six digits only

8. Tax ID Number: 22-1111111

9. Nonbanking Company Type (see instructions for list): Other Company
 Other, please describe: Provides Investment Advice

10. Business Organization Type:

<input type="checkbox"/> Corporation	<input type="checkbox"/> General Partnership	<input checked="" 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 Co./Corp.
<input type="checkbox"/> Limited Liability Limited Partnership		
<input type="checkbox"/> Other, please describe: _____		

11. Is the Nonbanking Company consolidated in the reporter's financial statements? Yes No
Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:
(a) Consolidated subsidiary in a foreign country; (b) A majority-owned Edge or Agreement subsidiary

Ownership Section (report at direct holder level unless otherwise noted)

12. Direct Holder's Name and Location: New Kingsland Banking Company Stockholm, NJ, United States
Legal Name City, State/Province, Country

13.a. 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 controlled elsewhere within the organization

13.b. Other Interest: Yes No

13.c. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder: General Partner / Managing Member Limited Partner / Non-Managing Member

14. Control by Direct Holder: Yes No

15. Regulation K, Subpart A Investments: Portfolio Investment Joint Venture Subsidiary

16. Former Direct Holder's Name and Location (if applicable): _____
Legal Name of Former Direct Holder City, State/Province, Country

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	<u>26</u>	<u>52393</u>	<u>Investment Advice</u>
17.b. Secondary Activity	_____	_____	_____
17.c. Termination of Activity	_____	_____	_____

Example: 111.01 / NONB FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Acquisition of a Nonbanking Company—continued

➤ Example 2: Acquisition of a Limited Partner Interest in a Limited Partnership

In this example, Pine Street Bank Holding Company directly acquired a 99% limited partner interest in Pine Street Financial Services, L.P., on June 1, YYYY.

Nonbanking Schedule

For Federal Reserve Bank Use Only

ID_RSSD_E1 (direct holder) _____

ID_RSSD_E2 (reportable company) _____

If applicable, former d/h _____

Check box if correction:

Use this schedule to report information about a reporter that is a Nonbanking Company and a reporter's directly or indirectly held interests in a Nonbanking Company.

1.a. Event Type (check all that apply):

<input checked="" type="checkbox"/> Acquisition of a Going Concern	<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> No Longer Reportable
<input type="checkbox"/> De Novo Formation	<input type="checkbox"/> Liquidation	<input type="checkbox"/> Became Inactive
<input type="checkbox"/> External Transfer	<input type="checkbox"/> Change in Characteristics	<input type="checkbox"/> Became Reportable
<input type="checkbox"/> Internal Transfer	<input type="checkbox"/> Change in Activity or Legal Authority	
<input type="checkbox"/> Other, please describe: _____		

1.b. Date of Event: 06/01/YYYY
(MM/DD/YYYY)

Characteristics Section

2.a. Pine Street Financial Services, L.P.
Legal Name of Nonbanking Company

2.b. _____
If Name Change or Correction, Prior Legal Name of Nonbanking Company

3.a. St. Louis, St. Louis
City and County (Physical Location)

3.b. _____
If Relocation or Correction, Prior City and County (Physical Location)

MO, United States, 63119
State/Province, Country, and Zip/Postal Code

If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code

NJ
State or Country (if foreign) of Incorporation

If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. If the Nonbanking Company is a Functionally Regulated Subsidiary, indicate its functional regulator:

<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> SEC and CFTC	<input type="checkbox"/> SEC Only
<input type="checkbox"/> CFTC Only	<input type="checkbox"/> State Securities Department	<input type="checkbox"/> State Insurance Regulator

5. Is the Nonbanking Company a Financial Subsidiary of an insured Depository Institution? Yes No

6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
 Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
 Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number: _____
see instructions for when applicable leading six digits only

8. Tax ID Number: 4 0 - 2 2 2 2 2 2 2 2

9. Nonbanking Company Type (see instructions for list): Other Company
 Other, please describe: Finance Company

10. Business Organization Type:

<input type="checkbox"/> Corporation	<input type="checkbox"/> General Partnership	<input checked="" 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 Co./Corp.
<input type="checkbox"/> Limited Liability Limited Partnership		
<input type="checkbox"/> Other, please describe: _____		

11. Is the Nonbanking Company consolidated in the reporter's financial statements? Yes No
Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:
(a) Consolidated subsidiary in a foreign country; (b) A majority-owned Edge or Agreement subsidiary

Ownership Section (report at direct holder level unless otherwise noted)

12. Direct Holder's Name and Location: Pine Street Bank Holding Company St. Louis, MO, United States
Legal Name City, State/Province, Country

13.a. 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 controlled elsewhere within the organization

13.b. Other Interest: Yes No

13.c. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder: General Partner / Managing Member Limited Partner / Non-Managing Member

14. Control by Direct Holder: Yes No

15. Regulation K, Subpart A Investments: Portfolio Investment Joint Venture Subsidiary

16. Former Direct Holder's Name and Location (if applicable): _____
Legal Name of Former Direct Holder City, State/Province, Country

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	<u>26</u>	<u>52222</u>	<u>Sales Financing</u>
17.b. Secondary Activity	_____	_____	_____
17.c. Termination of Activity	_____	_____	_____

Example: 111.02 / NONB FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Acquisition of a Nonbanking Company—continued

➤ Example 3: Acquisition of a Non-Managing Member Interest in a Limited Liability Corporation

In this example, New Kingsland Bank Holding Company acquired a 99% non-managing member interest in New Kingsland Securities, LLC, on June 1, YYYY.

For FR Y-10 purposes, the non-managing member is equivalent to the limited partner.

Nonbanking Schedule

For Federal Reserve Bank Use Only

ID_RSSD_E1 (direct holder) _____

ID_RSSD_E2 (reportable company) _____

If applicable, former d/h _____

Check box if correction:

Use this schedule to report information about a reporter that is a Nonbanking Company and a reporter's directly or indirectly held interests in a Nonbanking Company.

1.a. Event Type (check all that apply):

<input checked="" type="checkbox"/> Acquisition of a Going Concern	<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> No Longer Reportable
<input type="checkbox"/> De Novo Formation	<input type="checkbox"/> Liquidation	<input type="checkbox"/> Became Inactive
<input type="checkbox"/> External Transfer	<input type="checkbox"/> Change in Characteristics	<input type="checkbox"/> Became Reportable
<input type="checkbox"/> Internal Transfer	<input type="checkbox"/> Change in Activity or Legal Authority	
<input type="checkbox"/> Other, please describe: _____		

1.b. Date of Event: 06/01/YYYY
(MM/DD/YYYY)

Characteristics Section

2.a. New Kingsland Securities, LLC
Legal Name of Nonbanking Company

2.b. _____
If Name Change or Correction, Prior Legal Name of Nonbanking Company

3.a. New York, New York
City and County (Physical Location)

3.b. _____
If Relocation or Correction, Prior City and County (Physical Location)

NY, United States, 10045
State/Province, Country, and Zip/Postal Code

If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code

NJ
State or Country (if foreign) of Incorporation

If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. If the Nonbanking Company is a Functionally Regulated Subsidiary, indicate its functional regulator:

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> SEC and CFTC	<input checked="" type="checkbox"/> SEC Only
<input type="checkbox"/> CFTC Only	<input type="checkbox"/> State Securities Department	<input type="checkbox"/> State Insurance Regulator

5. Is the Nonbanking Company a Financial Subsidiary of an insured Depository Institution? Yes No

6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
 Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
 Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number: _____
see instructions for when applicable leading six digits only

8. Tax ID Number: 40-3333333

9. Nonbanking Company Type (see instructions for list): Other Company
 Other, please describe: Finance Company

10. Business 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 checked="" type="checkbox"/> Limited Liability Co./Corp.
<input type="checkbox"/> Limited Liability Limited Partnership		
<input type="checkbox"/> Other, please describe: _____		

11. Is the Nonbanking Company consolidated in the reporter's financial statements? Yes No
Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:
(a) Consolidated subsidiary in a foreign country; (b) A majority-owned Edge or Agreement subsidiary

Ownership Section (report at direct holder level unless otherwise noted)

12. Direct Holder's Name and Location: New Kingsland Bank Holding Company New York, NY, United States
Legal Name City, State/Province, Country

13.a. 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 controlled elsewhere within the organization

13.b. Other Interest: Yes No

13.c. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder: General Partner / Managing Member Limited Partner / Non-Managing Member

14. Control by Direct Holder: Yes No

15. Regulation K, Subpart A Investments: Portfolio Investment Joint Venture Subsidiary

16. Former Direct Holder's Name and Location (if applicable): _____
Legal Name of Former Direct Holder City, State/Province, Country

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	<u>26</u>	<u>52393</u>	<u>Investment Advice</u>
17.b. Secondary Activity	_____	_____	_____
17.c. Termination of Activity	_____	_____	_____

Example: 111.03 / NONB FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Acquisition of a Nonbanking Company—continued

➤ Example 4: Acquisition of a Managing Member Interest in a Limited Liability Corporation

In this example, New Kingsland Banking Company acquired 1% managing member interest in New Kingsland Investment, LLC, on June 1, YYYY.

For FR Y-10 purposes, the managing member is the equivalent of the general partner.

Nonbanking Schedule

For Federal Reserve Bank Use Only

ID_RSSD_E1 (direct holder) _____

ID_RSSD_E2 (reportable company) _____

If applicable, former d/h _____

Check box if correction:

Use this schedule to report information about a reporter that is a Nonbanking Company and a reporter's directly or indirectly held interests in a Nonbanking Company.

1.a. Event Type (check all that apply):

<input checked="" type="checkbox"/> Acquisition of a Going Concern	<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> No Longer Reportable
<input type="checkbox"/> De Novo Formation	<input type="checkbox"/> Liquidation	<input type="checkbox"/> Became Inactive
<input type="checkbox"/> External Transfer	<input type="checkbox"/> Change in Characteristics	<input type="checkbox"/> Became Reportable
<input type="checkbox"/> Internal Transfer	<input type="checkbox"/> Change in Activity or Legal Authority	
<input type="checkbox"/> Other, please describe: _____		

1.b. Date of Event: 06/01/YYYY
(MM/DD/YYYY)

Characteristics Section

2.a. New Kingsland Investment, LLC
Legal Name of Nonbanking Company

2.b. _____
If Name Change or Correction, Prior Legal Name of Nonbanking Company

3.a. New York, New York
City and County (Physical Location)

3.b. _____
If Relocation or Correction, Prior City and County (Physical Location)

NY, United States, 10045
State/Province, Country, and Zip/Postal Code

If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code

NY
State or Country (if foreign) of Incorporation

If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. If the Nonbanking Company is a Functionally Regulated Subsidiary, indicate its functional regulator:

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> SEC and CFTC	<input checked="" type="checkbox"/> SEC Only
<input type="checkbox"/> CFTC Only	<input type="checkbox"/> State Securities Department	<input type="checkbox"/> State Insurance Regulator

5. Is the Nonbanking Company a Financial Subsidiary of an insured Depository Institution? Yes No

6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
 Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
 Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number:
see instructions for when applicable leading six digits only

8. Tax ID Number: -

9. Nonbanking Company Type (see instructions for list): Other Company
 Other, please describe: Provides Investment Advice

10. Business 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 checked="" type="checkbox"/> Limited Liability Co./Corp.
<input type="checkbox"/> Limited Liability Limited Partnership		
<input type="checkbox"/> Other, please describe: _____		

11. Is the Nonbanking Company consolidated in the reporter's financial statements? Yes No
Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:
(a) Consolidated subsidiary in a foreign country; (b) A majority-owned Edge or Agreement subsidiary

Ownership Section (report at direct holder level unless otherwise noted)

12. Direct Holder's Name and Location: New Kingsland Banking Company Stockholm, NJ, United States
Legal Name City, State/Province, Country

13.a. 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 controlled elsewhere within the organization

13.b. Other Interest: Yes No

13.c. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder: General Partner / Managing Member Limited Partner / Non-Managing Member

14. Control by Direct Holder: Yes No

15. Regulation K, Subpart A Investments: Portfolio Investment Joint Venture Subsidiary

16. Former Direct Holder's Name and Location (if applicable):
Legal Name of Former Direct Holder City, State/Province, Country

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	<u>26</u>	<u>52393</u>	<u>Investment Advice</u>
17.b. Secondary Activity	_____	_____	_____
17.c. Termination of Activity	_____	_____	_____

Example: 111.04 / NONB FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Acquisition of a Nonbanking Company—continued

➤ Example 6: Acquisition of an Insurance Agency by a Bank Holding Company

In this example, CHI Bank Holding Company, Chicago, IL, acquires 100% of a class of voting shares in CHI Insurance Agency, Chicago, IL, on July 14, YYYY.

NOTE:

- An **INSURANCE COMPANY** is licensed to sell insurance products or to underwrite or reinsure insurance products.
- An **INSURANCE AGENT/BROKER/PRODUCER** acts as an intermediary between an insurance company and a prospective customer.

Nonbanking Schedule

Use this schedule to report information about a reporter that is a Nonbanking Company and a reporter's directly or indirectly held interests in a Nonbanking Company.

For Federal Reserve Bank Use Only

ID_RSSD_E1 (direct holder) _____

ID_RSSD_E2 (reportable company) _____

If applicable, former d/h _____

Check box if correction:

1.a. Event Type (check all that apply):

<input checked="" type="checkbox"/> Acquisition of a Going Concern	<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> No Longer Reportable
<input type="checkbox"/> De Novo Formation	<input type="checkbox"/> Liquidation	<input type="checkbox"/> Became Inactive
<input type="checkbox"/> External Transfer	<input type="checkbox"/> Change in Characteristics	<input type="checkbox"/> Became Reportable
<input type="checkbox"/> Internal Transfer	<input type="checkbox"/> Change in Activity or Legal Authority	
<input type="checkbox"/> Other, please describe: _____		

1.b. Date of Event: 07/14/YYYY
(MM/DD/YYYY)

Characteristics Section

2.a. CHI Insurance Agency
Legal Name of Nonbanking Company

2.b. _____
If Name Change or Correction, Prior Legal Name of Nonbanking Company

3.a. Chicago, Cook
City and County (Physical Location)

3.b. _____
If Relocation or Correction, Prior City and County (Physical Location)

IL, United States, 60604
State/Province, Country, and Zip/Postal Code

_____ If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code

IL
State or Country (if foreign) of Incorporation

_____ If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. If the Nonbanking Company is a Functionally Regulated Subsidiary, indicate its functional regulator:

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> SEC and CFTC	<input type="checkbox"/> SEC Only
<input type="checkbox"/> CFTC Only	<input type="checkbox"/> State Securities Department	<input checked="" type="checkbox"/> State Insurance Regulator

5. Is the Nonbanking Company a Financial Subsidiary of an insured Depository Institution? Yes No

6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
 Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
 Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number: see instructions for when applicable
leading six digits only

8. Tax ID Number:

9. Nonbanking Company Type (see instructions for list): Insurance Broker or Agent
 Other, please describe: _____

10. Business Organization Type:

<input checked="" 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 Co./Corp.
<input type="checkbox"/> Limited Liability Limited Partnership		
<input type="checkbox"/> Other, please describe: _____		

11. Is the Nonbanking Company consolidated in the reporter's financial statements? Yes No
Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:
(a) Consolidated subsidiary in a foreign country; (b) A majority-owned Edge or Agreement subsidiary

Ownership Section (report at direct holder level unless otherwise noted)

12. Direct Holder's Name and Location: CHI Bank Holding Company Chicago, IL, United States
Legal Name City, State/Province, Country

13.a. 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 controlled elsewhere within the organization

13.b. Other Interest: Yes No

13.c. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder: General Partner / Managing Member Limited Partner / Non-Managing Member

14. Control by Direct Holder: Yes No

15. Regulation K, Subpart A Investments: Portfolio Investment Joint Venture Subsidiary

16. Former Direct Holder's Name and Location (if applicable):
Legal Name of Former Direct Holder City, State/Province, Country

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	<u>26</u>	<u>52421</u>	<u>Insurance Agencies and Brokerages</u>
17.b. Secondary Activity	_____	_____	_____
17.c. Termination of Activity	_____	_____	_____

Example: 111.06 / NONB FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Changes to Reportable or Newly Reportable Companies

Event Reference 114

Changes to a Reportable or Newly Reportable Nonbanking Company

In this example, Bainbridge Technology Leasing is relocating from Pittsburgh to Philadelphia.

The event type reported in this example is *Change in Characteristics*. Note that this event, along with *Change in Ownership* and *Change in Activity or Legal Authority* can be reported separately or in any combination provided that the changes are effective on the same date. Multiple events occurring on different dates should be reported on separate schedules.

Nonbanking Schedule		For Federal Reserve Bank Use Only	
Use this schedule to report information about a reporter that is a Nonbanking Company and a reporter's directly or indirectly held interests in a Nonbanking Company.		ID_RSSD_E1 (direct holder)	_____
		ID_RSSD_E2 (reportable company)	_____
		If applicable, former d/h	_____
		Check box if correction: <input type="checkbox"/>	
1.a. Event Type (check all that apply):	1.b. Date of Event:	05/01/yyyy (MM/DD/YYYY)	
<input type="checkbox"/> Acquisition of a Going Concern <input type="checkbox"/> De Novo Formation <input type="checkbox"/> External Transfer <input type="checkbox"/> Internal Transfer <input type="checkbox"/> Other, please describe: _____	<input type="checkbox"/> Change in Ownership <input type="checkbox"/> Liquidation <input checked="" type="checkbox"/> Change in Characteristics <input type="checkbox"/> Change in Activity or Legal Authority	<input type="checkbox"/> No Longer Reportable <input type="checkbox"/> Became Inactive <input type="checkbox"/> Became Reportable	
Characteristics Section			
2.a. <u>Bainbridge Technology Leasing</u> <small>Legal Name of Nonbanking Company</small>	2.b. _____ <small>If Name Change or Correction, Prior Legal Name of Nonbanking Company</small>		
3.a. <u>Philadelphia, Philadelphia</u> <small>City and County (Physical Location)</small>	3.b. <u>Pittsburgh, Allegheny</u> <small>If Relocation or Correction, Prior City and County (Physical Location)</small>		
<u>PA, United States, 19102</u> <small>State/Province, Country, and Zip/Postal Code</small>	<u>PA, United States, 15222</u> <small>If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code</small>		
<u>NV</u> <small>State or Country (if foreign) of Incorporation</small>	_____ <small>If Relocation or Correction, Prior State or Country (if foreign) of Incorporation</small>		
4. If the Nonbanking Company is a Functionally Regulated Subsidiary, indicate its functional regulator:			
<input type="checkbox"/> Not Applicable <input type="checkbox"/> SEC and CFTC <input type="checkbox"/> SEC Only <input type="checkbox"/> CFTC Only <input type="checkbox"/> State Securities Department <input type="checkbox"/> State Insurance Regulator			
5. Is the Nonbanking Company a Financial Subsidiary of an insured Depository Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. SEC Reporting Status: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act <input type="checkbox"/> Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act <input type="checkbox"/> Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934			
7. CUSIP Number: <small>see instructions for when applicable</small>	<input type="text"/>	8. Tax ID Number:	<input type="text"/>
9. Nonbanking Company Type (see instructions for list): _____ <input type="checkbox"/> Other, please describe: _____			
10. Business 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 Co./Corp. <input type="checkbox"/> Limited Liability Limited Partnership <input type="checkbox"/> Other, please describe: _____			
11. Is the Nonbanking Company consolidated in the reporter's financial statements? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Answer the above question only if the Nonbanking Company is one of the following "foreign" offices: (a) Consolidated subsidiary in a foreign country; (b) A majority-owned Edge or Agreement subsidiary</small>			
Ownership Section (report at direct holder level unless otherwise noted)			
12. Direct Holder's Name and Location: _____ <small>Legal Name</small> <small>City, State/Province, Country</small>			
13.a. Percentage of a Class of Voting Shares: <input type="checkbox"/> 100% <input type="checkbox"/> 80% to <100 <input type="checkbox"/> >50% to <80% <input type="checkbox"/> 25% to 50% <input type="checkbox"/> <25% but 25% or more in the aggregate or otherwise controlled elsewhere within the organization			
13.b. Other Interest: <input type="checkbox"/> Yes <input type="checkbox"/> No			
13.c. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder: <input type="checkbox"/> General Partner / Managing Member <input type="checkbox"/> Limited Partner / Non-Managing Member			
14. Control by Direct Holder: <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Regulation K, Subpart A Investments: <input type="checkbox"/> Portfolio Investment <input type="checkbox"/> Joint Venture <input type="checkbox"/> Subsidiary			
16. Former Direct Holder's Name and Location (if applicable): _____ <small>Legal Name of Former Direct Holder</small> <small>City, State/Province, Country</small>			
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	_____	_____	_____
17.b. Secondary Activity	_____	_____	_____
17.c. Termination of Activity	_____	_____	_____

Example: xxxx.01 / NONB

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December 2011

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Transfers of Reportable Companies (Reporter's Interest Continues)

Event Reference 118

Internal Transfer of a Nonbanking Company by a Direct Holder

This event selection assumes that the direct holder completely transfers its interest in the reportable nonbanking company to a company within the reporter's organization. It is also assumed that the new direct holder did not have a prior interest in the reportable company.

If the transfer results in a change in legal authority code, report the new legal authority code in the Activity and Legal Authority Section.

In this example, Georgia Peach Bank Holding Company transferred its entire interest in Newberry and Smith Trust Company to its subsidiary bank, Georgia Peach Bank, on August 5, YYYY. Because Newberry and Smith Trust Company was transferred from a Bank Holding Company to a Bank, the new authority code for the investment in the nonbanking company is also reported.

Nonbanking Schedule

Use this schedule to report information about a reporter that is a Nonbanking Company and a reporter's directly or indirectly held interests in a Nonbanking Company.

For Federal Reserve Bank Use Only

ID_RSSD_E1 (direct holder) _____

ID_RSSD_E2 (reportable company) _____

If applicable, former d/h _____

Check box if correction:

1.a. Event Type (check all that apply):

<input type="checkbox"/> Acquisition of a Going Concern	<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> No Longer Reportable
<input type="checkbox"/> De Novo Formation	<input type="checkbox"/> Liquidation	<input type="checkbox"/> Became Inactive
<input type="checkbox"/> External Transfer	<input type="checkbox"/> Change in Characteristics	<input type="checkbox"/> Became Reportable
<input checked="" type="checkbox"/> Internal Transfer	<input checked="" type="checkbox"/> Change in Activity or Legal Authority	
<input type="checkbox"/> Other, please describe: _____		

1.b. Date of Event: 08/05/YYYY
(MM/DD/YYYY)

Characteristics Section

2.a. Newberry and Smith Trust Company
Legal Name of Nonbanking Company

2.b. _____
If Name Change or Correction, Prior Legal Name of Nonbanking Company

3.a. Atlanta, Fulton
City and County (Physical Location)

3.b. _____
If Relocation or Correction, Prior City and County (Physical Location)

GA, United States, 30303
State/Province, Country, and Zip/Postal Code

_____ If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code

DE
State or Country (if foreign) of Incorporation

_____ If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. If the Nonbanking Company is a Functionally Regulated Subsidiary, indicate its functional regulator:

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> SEC and CFTC	<input type="checkbox"/> SEC Only
<input type="checkbox"/> CFTC Only	<input type="checkbox"/> State Securities Department	<input type="checkbox"/> State Insurance Regulator

5. Is the Nonbanking Company a Financial Subsidiary of an insured Depository Institution? Yes No

6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
 Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
 Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number:
see instructions for when applicable leading six digits only

8. Tax ID Number: -

9. Nonbanking Company Type (see instructions for list): _____
 Other, please describe: _____

10. Business 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 Co./Corp.
<input type="checkbox"/> Limited Liability Limited Partnership		
<input type="checkbox"/> Other, please describe: _____		

11. Is the Nonbanking Company consolidated in the reporter's financial statements? Yes No
Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:
(a) Consolidated subsidiary in a foreign country; (b) A majority-owned Edge or Agreement subsidiary

Ownership Section (report at direct holder level unless otherwise noted)

12. Direct Holder's Name and Location: Georgia Peach Bank Atlanta, GA, United States
Legal Name City, State/Province, Country

13.a. 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 controlled elsewhere within the organization

13.b. Other Interest: Yes No

13.c. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder: General Partner / Managing Member Limited Partner / Non-Managing Member

14. Control by Direct Holder: Yes No

15. Regulation K, Subpart A Investments: Portfolio Investment Joint Venture Subsidiary

16. Former Direct Holder's Name and Location (if applicable): Georgia Peach Bank Holding Company Atlanta, GA, United States
Legal Name of Former Direct Holder City, State/Province, Country

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	<u>104</u>		
17.b. Secondary Activity			
17.c. Termination of Activity			

Example: xxxx.01 / NONB FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Transfers of Reportable Companies (Reporter's Interest Continues)

Event Reference 119

Partial Internal Transfer of a Nonbanking Company by a Direct Holder—continued

Schedule 2 of 2 used to report the acquisition.

Nonbanking Schedule		For Federal Reserve Bank Use Only	
Use this schedule to report information about a reporter that is a Nonbanking Company and a reporter's directly or indirectly held interests in a Nonbanking Company.		ID_RSSD_E1 (direct holder) _____ ID_RSSD_E2 (reportable company) _____ If applicable, former d/h _____	
1.a. Event Type (check all that apply): <input checked="" type="checkbox"/> Acquisition of a Going Concern <input type="checkbox"/> De Novo Formation <input type="checkbox"/> External Transfer <input type="checkbox"/> Internal Transfer <input type="checkbox"/> Other, please describe: _____		1.b. Date of Event: <u>08/20/yyyy</u> <small>(MM/DD/YYYY)</small> <input type="checkbox"/> No Longer Reportable <input type="checkbox"/> Became Inactive <input type="checkbox"/> Became Reportable	
Check box if correction: <input type="checkbox"/>			
Characteristics Section			
2.a. <u>Meadowlark Golden Securities</u> <small>Legal Name of Nonbanking Company</small>	2.b. _____ <small>If Name Change or Correction, Prior Legal Name of Nonbanking Company</small>		
3.a. <u>San Francisco, San Francisco</u> <small>City and County (Physical Location)</small> <u>CA, United States, 94105</u> <small>State/Province, Country, and Zip/Postal Code</small> <u>CA</u> <small>State or Country (if foreign) of Incorporation</small>	3.b. _____ <small>If Relocation or Correction, Prior City and County (Physical Location)</small> _____ <small>If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code</small> _____ <small>If Relocation or Correction, Prior State or Country (if foreign) of Incorporation</small>		
4. If the Nonbanking Company is a Functionally Regulated Subsidiary, indicate its functional regulator: <input type="checkbox"/> Not Applicable <input type="checkbox"/> SEC and CFRC <input type="checkbox"/> SEC Only <input type="checkbox"/> CFTC Only <input type="checkbox"/> State Securities Department <input type="checkbox"/> State Insurance Regulator			
5. Is the Nonbanking Company a Financial Subsidiary of an insured Depository Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. SEC Reporting Status: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act <input type="checkbox"/> Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act <input type="checkbox"/> Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934			
7. CUSIP Number: _____ <small>see instructions for when applicable leading six digits only</small>	8. Tax ID Number: _____		
9. Nonbanking Company Type (see instructions for list): _____ <input type="checkbox"/> Other, please describe: _____			
10. Business 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 Co./Corp. <input type="checkbox"/> Limited Liability Limited Partnership <input type="checkbox"/> Other, please describe: _____			
11. Is the Nonbanking Company consolidated in the reporter's financial statements? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Answer the above question only if the Nonbanking Company is one of the following "foreign" offices: (a) Consolidated subsidiary in a foreign country; (b) A majority-owned Edge or Agreement subsidiary</small>			
Ownership Section (report at direct holder level unless otherwise noted)			
12. Direct Holder's Name and Location: <u>Spartan Holdings</u> <small>Legal Name</small>		<u>San Francisco, CA, United States</u> <small>City, State/Province, Country</small>	
13.a. Percentage of a Class of Voting Shares: <input type="checkbox"/> 100% <input type="checkbox"/> 80% to <80% <input type="checkbox"/> >50% to <80% <input checked="" type="checkbox"/> 25% to 50% <input type="checkbox"/> <25% but 25% or more in the aggregate or otherwise controlled elsewhere within the organization			
13.b. Other Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13.c. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder: <input type="checkbox"/> General Partner / Managing Member <input type="checkbox"/> Limited Partner / Non-Managing Member			
14. Control by Direct Holder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
15. Regulation K, Subpart A Investments: <input type="checkbox"/> Portfolio Investment <input type="checkbox"/> Joint Venture <input type="checkbox"/> Subsidiary			
16. Former Direct Holder's Name and Location (if applicable): _____ <small>Legal Name of Former Direct Holder City, State/Province, Country</small>			
Activity and Legal Authority Section (for list of FRS legal authority codes, see the Appendix of these instructions.)			
17.a. Primary Activity	FRS Legal Authority Code	NAICS Activity Code	Description of Activity
17.b. Secondary Activity	_____	_____	_____
17.c. Termination of Activity	_____	_____	_____

Example: 119.01-2 / NONB

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Transfers of Reportable Companies (Reporter's Interest Continues)

Event Reference 120

External Transfer/Sale of a Nonbanking Company by a Direct Holder

This event selection assumes that the direct holder completely divests its interest in the reportable nonbanking company, but the reporter's interest in the company continues.

In this example, EOS Bank Holding Company, Inc's ownership interest in EOS Leasing Company, a Nonbanking Company, is completely divested through an external transfer or sale. However, EOS Leasing Company, continues to be reportable due to interests held by other direct holders within the reporter's organization.

Note: If the reporter's interest in the reportable company does not continue, then see the examples listed under *Companies are No Longer Reportable (Cessation of Business or Reporters' Interest)*.

Nonbanking Schedule

For Federal Reserve Bank Use Only

ID_RSSD_E1 (direct holder) _____

ID_RSSD_E2 (reportable company) _____

If applicable, former d/h _____

Check box if correction:

Use this schedule to report information about a reporter that is a Nonbanking Company and a reporter's directly or indirectly held interests in a Nonbanking Company.

1.a. Event Type (check all that apply):

<input type="checkbox"/> Acquisition of a Going Concern	<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> No Longer Reportable
<input type="checkbox"/> De Novo Formation	<input type="checkbox"/> Liquidation	<input type="checkbox"/> Became Inactive
<input checked="" type="checkbox"/> External Transfer	<input type="checkbox"/> Change in Characteristics	<input type="checkbox"/> Became Reportable
<input type="checkbox"/> Internal Transfer	<input type="checkbox"/> Change in Activity or Legal Authority	
<input type="checkbox"/> Other, please describe: _____		

1.b. Date of Event: 07/31/yyyy
(MM/DD/YYYY)

Characteristics Section

2.a. EOS Leasing Company
Legal Name of Nonbanking Company

2.b. _____
If Name Change or Correction, Prior Legal Name of Nonbanking Company

3.a. Las Vegas, Clark
City and County (Physical Location)

3.b. _____
If Relocation or Correction, Prior City and County (Physical Location)

NV, United States, 89101
State/Province, Country, and Zip/Postal Code

If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code

NV
State or Country (if foreign) of Incorporation

If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. If the Nonbanking Company is a Functionally Regulated Subsidiary, indicate its functional regulator:

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> SEC and CFTC	<input type="checkbox"/> SEC Only
<input type="checkbox"/> CFTC Only	<input type="checkbox"/> State Securities Department	<input type="checkbox"/> State Insurance Regulator

5. Is the Nonbanking Company a Financial Subsidiary of an insured Depository Institution? Yes No

6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
 Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
 Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number: _____
see instructions for when applicable leading six digits only

8. Tax ID Number: _____

9. Nonbanking Company Type (see instructions for list): _____
 Other, please describe: _____

10. Business 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 Co./Corp.
<input type="checkbox"/> Limited Liability Limited Partnership		
<input type="checkbox"/> Other, please describe: _____		

11. Is the Nonbanking Company consolidated in the reporter's financial statements? Yes No
Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:
(a) Consolidated subsidiary in a foreign country; (b) A majority-owned Edge or Agreement subsidiary

Ownership Section (report at direct holder level unless otherwise noted)

12. Direct Holder's Name and Location: _____
Legal Name City, State/Province, Country

13.a. 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 controlled elsewhere within the organization

13.b. Other Interest: Yes No

13.c. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder: General Partner / Managing Member Limited Partner / Non-Managing Member

14. Control by Direct Holder: Yes No

15. Regulation K, Subpart A Investments: Portfolio Investment Joint Venture Subsidiary

16. Former Direct Holder's Name and Location (if applicable): EOS Bank Holding Company, Inc. Las Vegas, NV, United States
Legal Name of Former Direct Holder City, State/Province, Country

Activity and Legal Authority Section (for list of FRS legal authority codes, see the Appendix of these instructions.)

	FRS Legal Authority Code	NAICS Activity Code	
17.a. Primary Activity	_____	_____	_____
17.b. Secondary Activity	_____	_____	_____
17.c. Termination of Activity	_____	_____	_____

Example: 120.01 / NONB FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Companies are No Longer Reportable (Cessation of Business or Reporter's Interest)

Event Reference 121

Company is No Longer Reportable Due to Liquidation

In this example, Visual Credit Life Insurance (a Nonbanking Company) is liquidated. Once a company is liquidated, it is no longer reportable. This status is indicated by checking the event type *No Longer Reportable* as well as the event type *Liquidation*.

For reporting purposes, a liquidation refers to the final distribution of assets, satisfaction of liabilities, and closing of capital accounts, as opposed to the sale or transfer of a company.

Note: The liquidation of a Banking Company is reported similarly on a Banking Schedule.

Nonbanking Schedule

For Federal Reserve Bank Use Only

ID_RSSD_E1 (direct holder) _____

ID_RSSD_E2 (reportable company) _____

If applicable, former d/h _____

Check box if correction:

Use this schedule to report information about a reporter that is a Nonbanking Company and a reporter's directly or indirectly held interests in a Nonbanking Company.

1.a. Event Type (check all that apply):

<input type="checkbox"/> Acquisition of a Going Concern	<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> No Longer Reportable
<input type="checkbox"/> De Novo Formation	<input checked="" type="checkbox"/> Liquidation	<input type="checkbox"/> Became Inactive
<input type="checkbox"/> External Transfer	<input type="checkbox"/> Change in Characteristics	<input type="checkbox"/> Became Reportable
<input type="checkbox"/> Internal Transfer	<input type="checkbox"/> Change in Activity or Legal Authority	
<input type="checkbox"/> Other, please describe: _____		

1.b. Date of Event: 04/30/yyyy
(MM/DD/YYYY)

Characteristics Section

2.a. Visual Credit Life Insurance
Legal Name of Nonbanking Company

2.b. _____
If Name Change or Correction, Prior Legal Name of Nonbanking Company

3.a. Boston, Suffolk
City and County (Physical Location)

3.b. _____
If Relocation or Correction, Prior City and County (Physical Location)

MA, United States, 02108
State/Province, Country, and Zip/Postal Code

_____ If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code

MA
State or Country (if foreign) of Incorporation

_____ If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. If the Nonbanking Company is a Functionally Regulated Subsidiary, indicate its functional regulator:

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> SEC and CFTC	<input type="checkbox"/> SEC Only
<input type="checkbox"/> CFTC Only	<input type="checkbox"/> State Securities Department	<input type="checkbox"/> State Insurance Regulator

5. Is the Nonbanking Company a Financial Subsidiary of an insured Depository Institution? Yes No

6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
 Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
 Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number: _____
see instructions for when applicable leading six digits only

8. Tax ID Number: _____

9. Nonbanking Company Type (see instructions for list): _____
 Other, please describe: _____

10. Business 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 Co./Corp.
<input type="checkbox"/> Limited Liability Limited Partnership		
<input type="checkbox"/> Other, please describe: _____		

11. Is the Nonbanking Company consolidated in the reporter's financial statements? Yes No
Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:
(a) Consolidated subsidiary in a foreign country; (b) A majority-owned Edge or Agreement subsidiary

Ownership Section (report at direct holder level unless otherwise noted)

12. Direct Holder's Name and Location: _____
Legal Name City, State/Province, Country

13.a. 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 controlled elsewhere within the organization

13.b. Other Interest: Yes No

13.c. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder: General Partner / Managing Member Limited Partner / Non-Managing Member

14. Control by Direct Holder: Yes No

15. Regulation K, Subpart A Investments: Portfolio Investment Joint Venture Subsidiary

16. Former Direct Holder's Name and Location (if applicable): _____
Legal Name of Former Direct Holder City, State/Province, Country

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	_____	_____	_____
17.b. Secondary Activity	_____	_____	_____
17.c. Termination of Activity	_____	_____	_____

Example: 121.01 / NONB FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Companies are No Longer Reportable (Cessation of Business or Reporter's Interest)

Event Reference 122

Company is No Longer Reportable Due to Complete External Transfer/Sale by All Direct Holders

In this example, East Street Bank Holding Company (the reporter) sold all of its interest in East Street Investments on August 31, YYYY. The reporter does not hold any other reportable interests in East Street Investments. In this case, both the *External Transfer* and *No Longer Reportable* event types are checked.

Nonbanking Schedule

For Federal Reserve Bank Use Only

ID_RSSD_E1 (direct holder) _____

ID_RSSD_E2 (reportable company) _____

If applicable, former d/h _____

Check box if correction:

Use this schedule to report information about a reporter that is a Nonbanking Company and a reporter's directly or indirectly held interests in a Nonbanking Company.

1.a. Event Type (check all that apply):

<input type="checkbox"/> Acquisition of a Going Concern	<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> No Longer Reportable
<input type="checkbox"/> De Novo Formation	<input type="checkbox"/> Liquidation	<input type="checkbox"/> Became Inactive
<input checked="" type="checkbox"/> External Transfer	<input type="checkbox"/> Change in Characteristics	<input type="checkbox"/> Became Reportable
<input type="checkbox"/> Internal Transfer	<input type="checkbox"/> Change in Activity or Legal Authority	
<input type="checkbox"/> Other, please describe: _____		

1.b. Date of Event: 08/31/YYYY
(MM/DD/YYYY)

Characteristics Section

2.a. East Street Investments
Legal Name of Nonbanking Company

2.b. _____
If Name Change or Correction, Prior Legal Name of Nonbanking Company

3.a. Beverly Hills, Los Angeles
City and County (Physical Location)

3.b. _____
If Relocation or Correction, Prior City and County (Physical Location)

CA, United States, 90210
State/Province, Country, and Zip/Postal Code

If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code

NV
State or Country (if foreign) of Incorporation

If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. If the Nonbanking Company is a Functionally Regulated Subsidiary, indicate its functional regulator:

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> SEC and CFTC	<input type="checkbox"/> SEC Only
<input type="checkbox"/> CFTC Only	<input type="checkbox"/> State Securities Department	<input type="checkbox"/> State Insurance Regulator

5. Is the Nonbanking Company a Financial Subsidiary of an insured Depository Institution? Yes No

6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
 Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
 Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number: _____
see instructions for when applicable leading six digits only

8. Tax ID Number: _____

9. Nonbanking Company Type (see instructions for list): _____
 Other, please describe: _____

10. Business 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 Co./Corp.
<input type="checkbox"/> Limited Liability Limited Partnership		
<input type="checkbox"/> Other, please describe: _____		

11. Is the Nonbanking Company consolidated in the reporter's financial statements? Yes No
Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:
(a) Consolidated subsidiary in a foreign country; (b) A majority-owned Edge or Agreement subsidiary

Ownership Section (report at direct holder level unless otherwise noted)

12. Direct Holder's Name and Location: _____
Legal Name City, State/Province, Country

13.a. 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 controlled elsewhere within the organization

13.b. Other Interest: Yes No

13.c. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder: General Partner / Managing Member Limited Partner / Non-Managing Member

14. Control by Direct Holder: Yes No

15. Regulation K, Subpart A Investments: Portfolio Investment Joint Venture Subsidiary

16. Former Direct Holder's Name and Location (if applicable):
East Street Bank Holding Company Beverly Hills, CA, United States
Legal Name of Former Direct Holder City, State/Province, Country

Activity and Legal Authority Section (for list of FRS legal authority codes, see the Appendix of these instructions.)

	FRS Legal Authority Code	NAICS Activity Code	Description of Activity
17.a. Primary Activity	_____	_____	_____
17.b. Secondary Activity	_____	_____	_____
17.c. Termination of Activity	_____	_____	_____

Example: 122.01 / NONB

Companies are No Longer Reportable (Cessation of Business or Reporter's Interest)

Event Reference 123

Company is No Longer Reportable Due to Inactive Status

In this example, LLP Investment Services (a Nonbanking Company) ceased business activity (became inactive). Once a company becomes inactive, it is no longer reportable. This new state is indicated by checking the event type *No Longer Reportable* in addition to the event type *Became Inactive*.

If the company is reactivated at a later date, the reactivation of a previously reportable company is reported as a *Change in Activity or Legal Authority*.

Note: A Banking Company that becomes inactive is reported similarly on a Banking Schedule.

Nonbanking Schedule

Use this schedule to report information about a reporter that is a Nonbanking Company and a reporter's directly or indirectly held interests in a Nonbanking Company.

For Federal Reserve Bank Use Only

ID_RSSD_E1 (direct holder) _____

ID_RSSD_E2 (reportable company) _____

If applicable, former d/h _____

Check box if correction:

1.a. Event Type (check all that apply):

<input type="checkbox"/> Acquisition of a Going Concern <input type="checkbox"/> De Novo Formation <input type="checkbox"/> External Transfer <input type="checkbox"/> Internal Transfer <input type="checkbox"/> Other, please describe: _____	<input type="checkbox"/> Change in Ownership <input type="checkbox"/> Liquidation <input type="checkbox"/> Change in Characteristics <input type="checkbox"/> Change in Activity or Legal Authority
---	--

1.b. Date of Event: 04/24/yyyy
(MM/DD/YYYY)

No Longer Reportable
 Became Inactive
 Became Reportable

Characteristics Section

2.a. LLP Investment Services
Legal Name of Nonbanking Company

2.b. _____
If Name Change or Correction, Prior Legal Name of Nonbanking Company

3.a. New York, New York
City and County (Physical Location)

3.b. _____
If Relocation or Correction, Prior City and County (Physical Location)

NY, United States, 10001
State/Province, Country, and Zip/Postal Code

_____ If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code

NY
State or Country (if foreign) of Incorporation

_____ If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. If the Nonbanking Company is a Functionally Regulated Subsidiary, indicate its functional regulator:

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> SEC and CFTC	<input type="checkbox"/> SEC Only
<input type="checkbox"/> CFTC Only	<input type="checkbox"/> State Securities Department	<input type="checkbox"/> State Insurance Regulator

5. Is the Nonbanking Company a Financial Subsidiary of an insured Depository Institution? Yes No

6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
 Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
 Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number: _____
see instructions for when applicable leading six digits only

8. Tax ID Number: _____

9. Nonbanking Company Type (see instructions for list): _____
 Other, please describe: _____

10. Business 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 Co./Corp.
<input type="checkbox"/> Limited Liability Limited Partnership	<input type="checkbox"/> Other, please describe: _____	

11. Is the Nonbanking Company consolidated in the reporter's financial statements? Yes No
Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:
 (a) Consolidated subsidiary in a foreign country; (b) A majority-owned Edge or Agreement subsidiary

Ownership Section (report at direct holder level unless otherwise noted)

12. Direct Holder's Name and Location: _____
Legal Name City, State/Province, Country

13.a. 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 controlled elsewhere within the organization

13.b. Other Interest: Yes No

13.c. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder: General Partner / Managing Member Limited Partner / Non-Managing Member

14. Control by Direct Holder: Yes No

15. Regulation K, Subpart A Investments: Portfolio Investment Joint Venture Subsidiary

16. Former Direct Holder's Name and Location (if applicable): _____
Legal Name of Former Direct Holder City, State/Province, Country

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	_____	_____	_____
17.b. Secondary Activity	_____	_____	_____
17.c. Termination of Activity	_____	_____	_____

Example: 123.01 / NONB FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Companies are No Longer Reportable (Cessation of Business or Reporter's Interest)

Event Reference 124

Company is No Longer Reportable Due to Reduction in Ownership or Control

In this example, Exchange Investment Services (a Nonbanking Company) ceases to be reportable because the aggregate ownership level by the reporter fell below the regulatory threshold level of 25% voting interest, and the Nonbanking Company is not otherwise controlled by the reporter. The change in ownership and reportability are indicated by checking both the *Change in Ownership* and the *No Longer Reportable* event types.

Note: The reportability threshold for a Banking Company is 5% of a class of voting securities or otherwise holding a controlled interest. A Banking Company that is no longer reportable due to a change in ownership is reported similarly on a Banking Schedule.

Nonbanking Schedule

For Federal Reserve Bank Use Only

ID_RSSD_E1 (direct holder) _____

ID_RSSD_E2 (reportable company) _____

If applicable, former d/h _____

Check box if correction:

Use this schedule to report information about a reporter that is a Nonbanking Company and a reporter's directly or indirectly held interests in a Nonbanking Company.

1.a. Event Type (check all that apply):

<input type="checkbox"/> Acquisition of a Going Concern	<input checked="" type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> No Longer Reportable
<input type="checkbox"/> De Novo Formation	<input type="checkbox"/> Liquidation	<input type="checkbox"/> Became Inactive
<input type="checkbox"/> External Transfer	<input type="checkbox"/> Change in Characteristics	<input type="checkbox"/> Became Reportable
<input type="checkbox"/> Internal Transfer	<input type="checkbox"/> Change in Activity or Legal Authority	
<input type="checkbox"/> Other, please describe: _____		

1.b. Date of Event: 04/30/yyyy
(MM/DD/YYYY)

Characteristics Section

2.a. Exchange Investment Services
Legal Name of Nonbanking Company

2.b. _____
If Name Change or Correction, Prior Legal Name of Nonbanking Company

3.a. Chicago, Cook
City and County (Physical Location)

3.b. _____
If Relocation or Correction, Prior City and County (Physical Location)

IL, United States, 60601
State/Province, Country, and Zip/Postal Code

_____ If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code

il
State or Country (if foreign) of Incorporation

_____ If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. If the Nonbanking Company is a Functionally Regulated Subsidiary, indicate its functional regulator:

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> SEC and CFTC	<input type="checkbox"/> SEC Only
<input type="checkbox"/> CFTC Only	<input type="checkbox"/> State Securities Department	<input type="checkbox"/> State Insurance Regulator

5. Is the Nonbanking Company a Financial Subsidiary of an insured Depository Institution? Yes No

6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
 Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
 Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number: _____
see instructions for when applicable leading six digits only

8. Tax ID Number: _____

9. Nonbanking Company Type (see instructions for list): _____
 Other, please describe: _____

10. Business 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 Co./Corp.
<input type="checkbox"/> Limited Liability Limited Partnership		
<input type="checkbox"/> Other, please describe: _____		

11. Is the Nonbanking Company consolidated in the reporter's financial statements? Yes No
Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:
(a) Consolidated subsidiary in a foreign country; (b) A majority-owned Edge or Agreement subsidiary

Ownership Section (report at direct holder level unless otherwise noted)

12. Direct Holder's Name and Location: _____
Legal Name City, State/Province, Country

13.a. 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 controlled elsewhere within the organization

13.b. Other Interest: Yes No

13.c. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder: General Partner / Managing Member Limited Partner / Non-Managing Member

14. Control by Direct Holder: Yes No

15. Regulation K, Subpart A Investments: Portfolio Investment Joint Venture Subsidiary

16. Former Direct Holder's Name and Location (if applicable): _____
Legal Name of Former Direct Holder City, State/Province, Country

Activity and Legal Authority Section (for list of FRS legal authority codes, see the Appendix of these instructions.)

	FRS Legal Authority Code	NAICS Activity Code	
17.a. Primary Activity	_____	_____	_____
17.b. Secondary Activity	_____	_____	_____
17.c. Termination of Activity	_____	_____	_____

Example: 124.01 / NONB FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Companies are No Longer Reportable (Cessation of Business or Reporter's Interest)

Event Reference 125

Company is No Longer Reportable Due to Change in Legal Authority

In this example, First Acme Insurance Services (a Nonbanking Company) is no longer reportable due to a change in activity. Such an event could arise because of a change in regulatory reporting requirements or a change in the activities of the company or its direct holders.

Both the *No Longer Reportable* and *Change in Activity or Legal Authority* event types are checked.

Note: A Banking Company that becomes no longer reportable due to a change in legal authority is reported similarly on a Banking Schedule.

Nonbanking Schedule

Use this schedule to report information about a reporter that is a Nonbanking Company and a reporter's directly or indirectly held interests in a Nonbanking Company.

For Federal Reserve Bank Use Only

ID_RSSD_E1 (direct holder) _____

ID_RSSD_E2 (reportable company) _____

If applicable, former d/h _____

Check box if correction:

1.a. Event Type (check all that apply):

<input type="checkbox"/> Acquisition of a Going Concern	<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> No Longer Reportable
<input type="checkbox"/> De Novo Formation	<input type="checkbox"/> Liquidation	<input type="checkbox"/> Became Inactive
<input type="checkbox"/> External Transfer	<input type="checkbox"/> Change in Characteristics	<input type="checkbox"/> Became Reportable
<input type="checkbox"/> Internal Transfer	<input checked="" type="checkbox"/> Change in Activity or Legal Authority	
<input type="checkbox"/> Other, please describe: _____		

1.b. Date of Event: 04/30/yyyy
(MM/DD/YYYY)

Characteristics Section

2.a. First Acme Insurance Services
Legal Name of Nonbanking Company

2.b. _____
If Name Change or Correction, Prior Legal Name of Nonbanking Company

3.a. Pittsburgh, Allegheny
City and County (Physical Location)

3.b. _____
If Relocation or Correction, Prior City and County (Physical Location)

PA, United States, 15222
State/Province, Country, and Zip/Postal Code

_____ If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code

PA
State or Country (if foreign) of Incorporation

_____ If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. If the Nonbanking Company is a Functionally Regulated Subsidiary, indicate its functional regulator:

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> SEC and CFTC	<input type="checkbox"/> SEC Only
<input type="checkbox"/> CFTC Only	<input type="checkbox"/> State Securities Department	<input type="checkbox"/> State Insurance Regulator

5. Is the Nonbanking Company a Financial Subsidiary of an insured Depository Institution? Yes No

6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
 Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
 Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number:
see instructions for when applicable leading six digits only

8. Tax ID Number: -

9. Nonbanking Company Type (see instructions for list): _____
 Other, please describe: _____

10. Business 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 Co./Corp.
<input type="checkbox"/> Limited Liability Limited Partnership		
<input type="checkbox"/> Other, please describe: _____		

11. Is the Nonbanking Company consolidated in the reporter's financial statements? Yes No
Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:
(a) Consolidated subsidiary in a foreign country; (b) A majority-owned Edge or Agreement subsidiary

Ownership Section (report at direct holder level unless otherwise noted)

12. Direct Holder's Name and Location: _____
Legal Name City, State/Province, Country

13.a. 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 controlled elsewhere within the organization

13.b. Other Interest: Yes No

13.c. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder: General Partner / Managing Member Limited Partner / Non-Managing Member

14. Control by Direct Holder: Yes No

15. Regulation K, Subpart A Investments: Portfolio Investment Joint Venture Subsidiary

16. Former Direct Holder's Name and Location (if applicable): _____
Legal Name of Former Direct Holder City, State/Province, Country

Activity and Legal Authority Section (for list of FRS legal authority codes, see the Appendix of these instructions.)

	FRS Legal Authority Code	NAICS Activity Code	Description of Activity
17.a. Primary Activity	_____	_____	_____
17.b. Secondary Activity	_____	_____	_____
17.c. Termination of Activity	_____	_____	_____

Example: 125.01 / NONB FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Merger Involving a Bank or Insured Depository Institution

➤ **Example 1: Merger with Nonsurviving Depository Institution that Had No Branches**

In this example, North Beach Bank merges into Pacific Heights Bank at the close of business on April 24, YYYY. The head office of North Beach Bank continues as a branch office of Pacific Heights Bank, as noted in item 4 of the Merger Schedule.

Since the merger occurred on April 24 (close of business), the first full calendar date that the nonsurvivor no longer exists is April 25, YYYY.

	<p style="margin: 0;">For Federal Reserve Bank Use Only</p> <p style="margin: 0;">ID_RSSD_E1 (ns) _____</p> <p style="margin: 0;">ID_RSSD_E2 (s) _____</p>
<h3 style="margin: 0;">Merger Schedule</h3> <p style="margin: 0;">Use this schedule to report certain types of mergers involving a reporter or company within the reporter's organizational structure.</p> <p style="text-align: right; margin: 0;">Check box if correction: <input type="checkbox"/></p> <hr/> <p>1. First Full Calendar Date the Nonsurvivor No Longer Exists: <u>04/25/YYYY</u> <small>(MM/DD/YYYY)</small></p> <p>2. Survivor: <u>Pacific Heights Bank</u> <small>Legal Name</small> <u>Seattle, WA, United States</u> <small>City, State/Province, Country</small></p> <p>3. Nonsurvivor: <u>North Beach Bank</u> <small>Legal Name</small> <u>Portland, OR, United States</u> <small>City, State/Province, Country</small></p> <p><i>Item 4 only applies to mergers involving an insured Depository Institution organized under U.S. law.</i></p> <p>4. Did the head office of the nonsurvivor become a branch of the survivor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Example: 127.01 / MERG	FR Y-10 ONLINE — December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Merger Involving a Bank or Insured Depository Institution**➤ Example 2: Merger with Nonsurviving Depository Institution and Acquisition of Its Branches****Schedule 1 of 5 used to report the Merger event plus the acquisition of the Nonsurvivor's four branches.**

In this example, South Beach Bank (Nonsurvivor) merges into Local First Bank (Survivor) at the close of business on March 10, YYYY. The head office of South Beach Bank continues as a branch office of Local First Bank, as noted in item 4 of the Merger Schedule.

Since the merger occurred on March (close of business), the first full calendar date that the nonsurvivor no longer exists is March 11, YYYY.

South Beach Bank had four reportable domestic branches. The transfer of these branches to Local First Bank (Survivor) needs to be reported via the *Domestic Branch Schedule* with an *Event Type of Acquisition of Branches Through Merger/Absorption*.

Multiple schedules should be filed for this merger event:

1. A Merger Schedule to report the merger
2. One Domestic Branch Schedule for each reportable branch to report the branch acquisition

For this example, Schedule 1 reports the merger event, and Schedules 2 through 5 report the domestic branch acquisition via merger.

	For Federal Reserve Bank Use Only 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 correction: <input type="checkbox"/>	
<hr/>	
1. First Full Calendar Date the Nonsurvivor No Longer Exists:	<u>03/11/YYYY</u> <small>(MM/DD/YYYY)</small>
2. Survivor:	<u>Local First Bank</u> <small>Legal Name</small> <u>San Francisco, CA, United States</u> <small>City, State/Province, Country</small>
3. Nonsurvivor:	<u>South Beach Bank</u> <small>Legal Name</small> <u>Portland, OR, United States</u> <small>City, State/Province, Country</small>
<i>Item 4 only applies to mergers involving an insured Depository Institution organized under U.S. law.</i>	
4. Did the head office of the nonsurvivor become a branch of the survivor?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<small>FR Y-10 ONLINE — December 2011 —</small>	

Example: 127.02-1 / MERG-DBUB

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Merger Involving a Bank or Insured Depository Institution—continued

➤ **Example 2: Merger with Nonsurviving Depository Institution and Acquisition of Its Branches—continued**

Schedule 2 of 5 used to report the Merger event plus the acquisition of the Nonsurvivor's four branches.

For Federal Reserve Bank Use Only ID_RSSD _____ County, State and Country Code _____ ID_RSSD_HD_OFF _____ City and Country Code _____																					
<h3>Domestic Branch Schedule</h3> <p>Use this schedule to report information on:</p> <ol style="list-style-type: none"> Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly by top-tier BHCs and state member banks that are not affiliated with a BHC; and, Branches of Edge and agreement corporations. <p style="text-align: right;">Check box if correction: <input type="checkbox"/></p> <hr/> <p>1.a. Event Type (check all that apply):</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Opening (De Novo)</td> <td><input type="checkbox"/> Purchase of Branches</td> <td><input checked="" type="checkbox"/> Acquisition of Branches Through Merger/Absorption</td> </tr> <tr> <td><input type="checkbox"/> Sale of Branches</td> <td><input type="checkbox"/> Closure</td> <td><input type="checkbox"/> Relocation</td> </tr> <tr> <td><input type="checkbox"/> Name Change</td> <td><input type="checkbox"/> Change in Service Type</td> <td><input type="checkbox"/> Deletion of Erroneously Reported Branch/Office</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other, please describe event type: _____</td> </tr> </table> <p>1.b. Date of Event: _____ (MM/DD/YYYY)</p> <hr/> <h3>Characteristics Section</h3> <p>2. Check applicable service type:</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Full Service</td> <td><input type="checkbox"/> Limited Service</td> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Electronic Banking</td> </tr> </table> <p>3.a. Columbia Avenue Branch _____ <small>Popular Name</small></p> <p>3.b. _____ <small>Popular Name</small></p> <p>4.a. Current Address</p> <p>67 Columbia Avenue _____ <small>Current Street Address (Physical Location)</small></p> <p>Portland, Multnomah _____ <small>City and County</small></p> <p>CA, United States 97201 _____ <small>State, Country, and Zip/Postal Code</small></p> <p>4.b. Previous Address (if changes have occurred):</p> <p>_____ <small>If Relocation or Correction, Prior Street Address (Physical Location)</small></p> <p>_____ <small>If Relocation or Correction, Prior City and County</small></p> <p>_____ <small>If Relocation or Correction, Prior State, Country, and Zip/Postal Code</small></p> <p>5. Local First Bank _____ <small>Head Office Legal Name</small></p> <p>San Francisco, CA, United States 94105 _____ <small>City, State, Country, and Zip/Postal Code</small></p> <p>6. For Event Types Sale of Branches or Purchase of Branches, provide the name and address of the other domestic depository institution involved in the transaction and the number of branches sold or purchased:</p> <table style="width: 100%;"> <tr> <td>_____ <small>Name of Other Depository Institution that Sold or Purchased Branches</small></td> <td>_____ <small>Number of Branches Sold or Purchased</small></td> </tr> <tr> <td>_____ <small>City, State, Country and Zip/Postal Code</small></td> <td></td> </tr> </table>		<input type="checkbox"/> Opening (De Novo)	<input type="checkbox"/> Purchase of Branches	<input checked="" type="checkbox"/> Acquisition of Branches Through Merger/Absorption	<input type="checkbox"/> Sale of Branches	<input type="checkbox"/> Closure	<input type="checkbox"/> Relocation	<input type="checkbox"/> Name Change	<input type="checkbox"/> Change in Service Type	<input type="checkbox"/> Deletion of Erroneously Reported Branch/Office	<input type="checkbox"/> Other, please describe event type: _____			<input checked="" type="checkbox"/> Full Service	<input type="checkbox"/> Limited Service	<input type="checkbox"/> Trust	<input type="checkbox"/> Electronic Banking	_____ <small>Name of Other Depository Institution that Sold or Purchased Branches</small>	_____ <small>Number of Branches Sold or Purchased</small>	_____ <small>City, State, Country and Zip/Postal Code</small>	
<input type="checkbox"/> Opening (De Novo)	<input type="checkbox"/> Purchase of Branches	<input checked="" type="checkbox"/> Acquisition of Branches Through Merger/Absorption																			
<input type="checkbox"/> Sale of Branches	<input type="checkbox"/> Closure	<input type="checkbox"/> Relocation																			
<input type="checkbox"/> Name Change	<input type="checkbox"/> Change in Service Type	<input type="checkbox"/> Deletion of Erroneously Reported Branch/Office																			
<input type="checkbox"/> Other, please describe event type: _____																					
<input checked="" type="checkbox"/> Full Service	<input type="checkbox"/> Limited Service	<input type="checkbox"/> Trust	<input type="checkbox"/> Electronic Banking																		
_____ <small>Name of Other Depository Institution that Sold or Purchased Branches</small>	_____ <small>Number of Branches Sold or Purchased</small>																				
_____ <small>City, State, Country and Zip/Postal Code</small>																					

Example: 127.02-2 / MERG-DBUB

FR Y-10 ONLINE
— December 2011 —

Merger Involving a Bank or Insured Depository Institution—continued

➤ Example 2: Merger with Nonsurviving Depository Institution and Acquisition of Its Branches—continued

Schedule 3 of 5 used to report the Merger event plus the acquisition of the Nonsurvivor's four branches.

<div style="border: 1px solid black; padding: 2px;"> <p style="margin: 0;">For Federal Reserve Bank Use Only</p> <p style="margin: 0;">ID_RSSD _____</p> <p style="margin: 0;">County, State and Country Code _____</p> <p style="margin: 0;">ID_RSSD_HD_OFF _____</p> <p style="margin: 0;">City and Country Code _____</p> </div>	
<h3>Domestic Branch Schedule</h3> <p>Use this schedule to report information on:</p> <ol style="list-style-type: none"> Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly by top-tier BHCs and state member banks that are not affiliated with a BHC; and, Branches of Edge and agreement corporations. <p style="text-align: right;">Check box if correction: <input type="checkbox"/></p> <hr/> <p>1.a. Event Type (check all that apply):</p> <p> <input type="checkbox"/> Opening (De Novo) <input type="checkbox"/> Purchase of Branches <input checked="" type="checkbox"/> Acquisition of Branches Through Merger/Absorption <input type="checkbox"/> Sale of Branches <input type="checkbox"/> Closure <input type="checkbox"/> Relocation <input type="checkbox"/> Name Change <input type="checkbox"/> Change in Service Type <input type="checkbox"/> Deletion of Erroneously Reported Branch/Office <input type="checkbox"/> Other, please describe event type: _____ </p> <p>1.b. Date of Event: _____ (MM/DD/YYYY)</p> <hr/> <h3>Characteristics Section</h3> <p>2. Check applicable service type:</p> <p> <input checked="" type="checkbox"/> Full Service <input type="checkbox"/> Limited Service <input type="checkbox"/> Trust <input type="checkbox"/> Electronic Banking </p> <p>3.a. Willamette Avenue Branch _____ <small>Popular Name</small></p> <p>3.b. _____ <small>Popular Name</small></p> <p>4.a. Current Address</p> <p> 123 Willamette Avenue _____ <small>Current Street Address (Physical Location)</small> Portland, Multnomah _____ <small>City and County</small> CA, United States 94510 _____ <small>State, Country, and Zip/Postal Code</small> </p> <p>4.b. Previous Address (if changes have occurred):</p> <p> _____ <small>If Relocation or Correction, Prior Street Address (Physical Location)</small> _____ <small>If Relocation or Correction, Prior City and County</small> _____ <small>If Relocation or Correction, Prior State, Country, and Zip/Postal Code</small> </p> <p>5. Local First Bank _____ <small>Head Office Legal Name</small> San Francisco, CA, United States 94105 _____ <small>City, State, Country, and Zip/Postal Code</small> </p> <p>6. For Event Types Sale of Branches or Purchase of Branches, provide the name and address of the other domestic depository institution involved in the transaction and the number of branches sold or purchased:</p> <p> _____ <small>Name of Other Depository Institution that Sold or Purchased Branches</small> _____ <small>Number of Branches Sold or Purchased</small> _____ <small>City, State, Country and Zip/Postal Code</small> </p>	
<p>Example: 127.02-3 / MERG-DBUB</p> <p style="text-align: right;">FR Y-10 ONLINE — December 2011 —</p>	

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Merger Involving a Bank or Insured Depository Institution—continued

➤ Example 2: Merger with Nonsurviving Depository Institution and Acquisition of Its Branches—continued

Schedule 4 of 5 used to report the Merger event plus the acquisition of the Nonsurvivor's four branches.

<div style="border: 1px solid black; padding: 2px;"> <p style="margin: 0;">For Federal Reserve Bank Use Only</p> <p style="margin: 0;">ID_RSSD _____</p> <p style="margin: 0;">County, State and Country Code _____</p> <p style="margin: 0;">ID_RSSD_HD_OFF _____</p> <p style="margin: 0;">City and Country Code _____</p> </div>	
<h3>Domestic Branch Schedule</h3> <p>Use this schedule to report information on:</p> <ol style="list-style-type: none"> Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly by top-tier BHCs and state member banks that are not affiliated with a BHC; and, Branches of Edge and agreement corporations. <p style="text-align: right;">Check box if correction: <input type="checkbox"/></p> <hr/> <p>1.a. Event Type (check all that apply):</p> <p> <input type="checkbox"/> Opening (De Novo) <input type="checkbox"/> Purchase of Branches <input checked="" type="checkbox"/> Acquisition of Branches Through Merger/Absorption <input type="checkbox"/> Sale of Branches <input type="checkbox"/> Closure <input type="checkbox"/> Relocation <input type="checkbox"/> Name Change <input type="checkbox"/> Change in Service Type <input type="checkbox"/> Deletion of Erroneously Reported Branch/Office <input type="checkbox"/> Other, please describe event type: _____ </p> <p>1.b. Date of Event: _____ (MM/DD/YYYY)</p> <hr/> <h3>Characteristics Section</h3> <p>2. Check applicable service type:</p> <p> <input checked="" type="checkbox"/> Full Service <input type="checkbox"/> Limited Service <input type="checkbox"/> Trust <input type="checkbox"/> Electronic Banking </p> <p>3.a. Marigold Center Office _____ <small>Popular Name</small></p> <p>3.b. _____ <small>Popular Name</small></p> <p>4.a. Current Address</p> <p> 528 Marigold Place _____ <small>Current Street Address (Physical Location)</small> Portland, Multnomah _____ <small>City and County</small> CA, United States 97222 _____ <small>State, Country, and Zip/Postal Code</small> </p> <p>4.b. Previous Address (if changes have occurred):</p> <p> _____ <small>If Relocation or Correction, Prior Street Address (Physical Location)</small> _____ <small>If Relocation or Correction, Prior City and County</small> _____ <small>If Relocation or Correction, Prior State, Country, and Zip/Postal Code</small> </p> <p>5. Local First Bank _____ <small>Head Office Legal Name</small> San Francisco, CA, United States 94105 _____ <small>City, State, Country, and Zip/Postal Code</small></p> <p>6. For Event Types Sale of Branches or Purchase of Branches, provide the name and address of the other domestic depository institution involved in the transaction and the number of branches sold or purchased:</p> <p> _____ <small>Name of Other Depository Institution that Sold or Purchased Branches</small> _____ <small>Number of Branches Sold or Purchased</small> _____ <small>City, State, Country and Zip/Postal Code</small> </p>	
<p>Example: 127.02-4 / MERG-DBUB</p> <p style="text-align: right;">FR Y-10 ONLINE — December 2011 —</p>	

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Merger Involving a Bank or Insured Depository Institution—continued

➤ Example 2: Merger with Nonsurviving Depository Institution and Acquisition of Its Branches—continued

Schedule 5 of 5 used to report the Merger event plus the acquisition of the Nonsurvivor's four branches.

<div style="border: 1px solid black; padding: 2px;"> <p style="margin: 0;">For Federal Reserve Bank Use Only</p> <p style="margin: 0;">ID_RSSD _____</p> <p style="margin: 0;">County, State and Country Code _____</p> <p style="margin: 0;">ID_RSSD_HD_OFF _____</p> <p style="margin: 0;">City and Country Code _____</p> </div>																					
<h3>Domestic Branch Schedule</h3> <p>Use this schedule to report information on:</p> <ol style="list-style-type: none"> 1. Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly by top-tier BHCs and state member banks that are not affiliated with a BHC; and, 2. Branches of Edge and agreement corporations. <p style="text-align: right;">Check box if correction: <input type="checkbox"/></p> <hr/> <p>1.a. Event Type (check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Opening (De Novo)</td> <td><input type="checkbox"/> Purchase of Branches</td> <td><input checked="" type="checkbox"/> Acquisition of Branches Through Merger/Absorption</td> </tr> <tr> <td><input type="checkbox"/> Sale of Branches</td> <td><input type="checkbox"/> Closure</td> <td><input type="checkbox"/> Relocation</td> </tr> <tr> <td><input type="checkbox"/> Name Change</td> <td><input type="checkbox"/> Change in Service Type</td> <td><input type="checkbox"/> Deletion of Erroneously Reported Branch/Office</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other, please describe event type: _____</td> </tr> </table> <p>1.b. Date of Event: _____ (MM/DD/YYYY)</p> <hr/> <h3>Characteristics Section</h3> <p>2. Check applicable service type:</p> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Full Service</td> <td><input type="checkbox"/> Limited Service</td> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Electronic Banking</td> </tr> </table> <p>3.a. Metro Center Branch _____ <small>Popular Name</small></p> <p>3.b. _____ <small>Popular Name</small></p> <p>4.a. Current Address</p> <p>900 Timber Trail Way _____ <small>Current Street Address (Physical Location)</small></p> <p>Portland, Multnomah _____ <small>City and County</small></p> <p>CA, United States 97239 _____ <small>State, Country, and Zip/Postal Code</small></p> <p>4.b. Previous Address (if changes have occurred):</p> <p>_____ <small>If Relocation or Correction, Prior Street Address (Physical Location)</small></p> <p>_____ <small>If Relocation or Correction, Prior City and County</small></p> <p>_____ <small>If Relocation or Correction, Prior State, Country, and Zip/Postal Code</small></p> <p>5. Local First Bank _____ <small>Head Office Legal Name</small></p> <p>San Francisco, CA, United States 94105 _____ <small>City, State, Country, and Zip/Postal Code</small></p> <p>6. For Event Types Sale of Branches or Purchase of Branches, provide the name and address of the other domestic depository institution involved in the transaction and the number of branches sold or purchased:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Name of Other Depository Institution that Sold or Purchased Branches _____</td> <td style="width: 50%;">Number of Branches Sold or Purchased _____</td> </tr> <tr> <td>City, State, Country and Zip/Postal Code _____</td> <td></td> </tr> </table>		<input type="checkbox"/> Opening (De Novo)	<input type="checkbox"/> Purchase of Branches	<input checked="" type="checkbox"/> Acquisition of Branches Through Merger/Absorption	<input type="checkbox"/> Sale of Branches	<input type="checkbox"/> Closure	<input type="checkbox"/> Relocation	<input type="checkbox"/> Name Change	<input type="checkbox"/> Change in Service Type	<input type="checkbox"/> Deletion of Erroneously Reported Branch/Office	<input type="checkbox"/> Other, please describe event type: _____			<input checked="" type="checkbox"/> Full Service	<input type="checkbox"/> Limited Service	<input type="checkbox"/> Trust	<input type="checkbox"/> Electronic Banking	Name of Other Depository Institution that Sold or Purchased Branches _____	Number of Branches Sold or Purchased _____	City, State, Country and Zip/Postal Code _____	
<input type="checkbox"/> Opening (De Novo)	<input type="checkbox"/> Purchase of Branches	<input checked="" type="checkbox"/> Acquisition of Branches Through Merger/Absorption																			
<input type="checkbox"/> Sale of Branches	<input type="checkbox"/> Closure	<input type="checkbox"/> Relocation																			
<input type="checkbox"/> Name Change	<input type="checkbox"/> Change in Service Type	<input type="checkbox"/> Deletion of Erroneously Reported Branch/Office																			
<input type="checkbox"/> Other, please describe event type: _____																					
<input checked="" type="checkbox"/> Full Service	<input type="checkbox"/> Limited Service	<input type="checkbox"/> Trust	<input type="checkbox"/> Electronic Banking																		
Name of Other Depository Institution that Sold or Purchased Branches _____	Number of Branches Sold or Purchased _____																				
City, State, Country and Zip/Postal Code _____																					

Example: 127.02-5 / MERG-DBUB

FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Merger Involving a FBO, BHC or Nonbanking Company

➤ **Example 1: Merger Involving a Nonbanking Company**

In this example, Opal River Nonbank Sub merges into Diamond Star Nonbank Sub.

Note: Item 4 on the Merger Schedule is left blank, since it does not apply to mergers involving Nonbanking Companies.

For Federal Reserve Bank Use Only	
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 correction:

1. **First Full Calendar Date the Nonsurvivor No Longer Exists:** 04/25/yyyy
(MM/DD/YYYY)

2. Survivor: Diamond Star Nonbank Sub
Legal Name
Santa Fe, NM, United States
City, State/Province, Country

3. Nonsurvivor: Opal River Nonbank Sub
Legal Name
Albuquerque, NM, United States
City, State/Province, Country

Item 4 only applies to mergers involving an insured Depository Institution organized under U.S. law.

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

Merger Involving a FBO, BHC or Nonbanking Company—continued

➤ **Example 2: Merger involving a BHC**

In this example, Opal River Banking Company merged into Diamond Star Bank Holding Company.

Note: Item 4 on the Merger Schedule is left blank, since it does not apply to mergers involving bank holding companies (BHCs).

For Federal Reserve Bank Use Only	
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 correction:

1. **First Full Calendar Date the Nonsurvivor No Longer Exists:** 04/25/yyyy
(MM/DD/YYYY)

2. Survivor: Diamond Star Bank Holding Company
Legal Name
Santa Fe, NM, United States
City, State/Province, Country

3. Nonsurvivor: Opal River Banking Company
Legal Name
Albuquerque, NM, United States
City, State/Province, Country

Item 4 only applies to mergers involving an insured Depository Institution organized under U.S. law.

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

Section 4(k) Activities Conducted by Financial Holding Companies

Event Reference 129

New Activity Commenced Directly by an FHC or Through an Existing Subsidiary

In this example, a financial holding company (FHC) conducts a new 4(k) activity, investment banking and securities dealing. The FHC and its direct and indirect subsidiaries have not previously engaged in this activity under Section 4(k) of the Bank Holding. If the new 4(k) activity is commenced simultaneously through more than one existing sub, only one 4(k) Schedule is required.

Note: If more than three new activities are being commenced, complete additional 4(k) Schedules, as needed.

If the commencement of the new activity results in a change to the primary or secondary activity of the FHC or any of its subsidiaries, an additional Banking or Nonbanking Schedule would need to be filed using the Event Type *Change in Activity or Legal Authority*.

For Federal Reserve Bank Use Only

ID_RSSD_TOP (top-tier BHC) _____

ID_RSSD_E1 (direct holder) _____

ID_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.

Check box if correction:

Post-Transaction Notice Section

1.a. Event Type (check one only):

New Activity Commenced Directly by an FHC or Through an Existing Subsidiary

New Activity Commenced Through Acquisition of a Going Concern

New Activity Commenced Through a De Novo Formation

1.b. Date of Event: 08/01/yyyy
(MM/DD/YYYY)

2. New Activities Commenced:

For the event type checked in item 1.a, report the FRS Legal Authority code and the five or six-digit NAICS activity code for each new activity. Provide a text description of the activity if unable to identify a five or six-digit NAICS activity corresponding to the activity.

	FRS Legal Authority Code (check one)	NAICS Activity Code	Description of Activity
2.a.	<input checked="" type="checkbox"/> 311 / <input type="checkbox"/> 312	<u>52311</u>	<u>Investment Banking and Securities Dealing</u>
2.b.	<input type="checkbox"/> 311 / <input type="checkbox"/> 312	_____	_____
2.c.	<input type="checkbox"/> 311 / <input type="checkbox"/> 312	_____	_____

Large Merchant Banking or Insurance Company Investments Section

Use this section to report certain merchant banking or insurance company investments when the FHC directly or indirectly acquires more than 5 percent of a Nonbanking Company's voting shares or total equity or assets and the cost of the investment exceeds:

(1) \$200 million; or

(2) 5 percent of tier 1 capital, whichever is less.

1.a. Event Type (check one only):

Initial Investment

Divestitures

No Longer Reportable

Name Changes

1.b. Date of Event: _____
(MM/DD/YYYY)

2. Direct Holder's Name and Location:

Legal Name _____

City and County _____ State/Province _____ Country _____

3. Nonbanking Company's Name and Location:

Legal Name _____

City and County _____ State/Province _____ Country _____

4. Direct Holder's Investment in Nonbanking Company
Report the percentage amount in a, b, or c, as applicable.

a. _____ % Voting Securities

b. _____ % Total Equity

c. _____ % Assets

5. Initial Aggregate Cost of Investment to the FHC: \$ _____ (in millions of U.S. dollars)

Example: 129.01 / SE4K FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Section 4(k) Activities Conducted by Financial Holding Companies

Event Reference 130

New Activity Commenced Through the Acquisition of a Going Concern

When this event selection is chosen, the FR Y-10 Online application will produce one 4(k) Schedule, as shown on the next page. Because the event type assumes that a nonbanking company is being acquired, the Nonbanking Schedule is displayed on this page for illustration purposes. In FR Y-10 Online, use the *Acquisition of a Nonbanking Company* under *Acquisitions* to create this Nonbanking Schedule.

In this example, Main Street Financial Company (FHC) conducts a new section 4(k) activity through the acquisition of Private Client Management Inc.

Two schedules should be filed:

1. A Nonbanking Schedule to report the acquisition of Private Client Management Inc.
2. A 4(k) Schedule to fulfill the post-transaction notice requirement.

Note: If a new activity is conducted through the acquisition of more than one company, a Nonbanking Schedule would be completed for each company acquired.

Schedule 1 of 2 used to report the acquisition of the going concern.

Nonbanking Schedule

For Federal Reserve Bank Use Only

ID_RSSD_E1 (direct holder) _____

ID_RSSD_E2 (reportable company) _____

If applicable, former d/h _____

Check box if correction:

Use this schedule to report information about a reporter that is a Nonbanking Company and a reporter's directly or indirectly held interests in a Nonbanking Company.

1.a. Event Type (check all that apply):

<input checked="" type="checkbox"/> Acquisition of a Going Concern	<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> No Longer Reportable
<input type="checkbox"/> De Novo Formation	<input type="checkbox"/> Liquidation	<input type="checkbox"/> Became Inactive
<input type="checkbox"/> External Transfer	<input type="checkbox"/> Change in Characteristics	<input type="checkbox"/> Became Reportable
<input type="checkbox"/> Internal Transfer	<input type="checkbox"/> Change in Activity or Legal Authority	
<input type="checkbox"/> Other, please describe: _____		

1.b. Date of Event: 04/27/yyyy
(MM/DD/YYYY)

Characteristics Section

2.a. Private Client Management Inc.
Legal Name of Nonbanking Company

2.b. _____
If Name Change or Correction, Prior Legal Name of Nonbanking Company

3.a. Los Angeles, Los Angeles
City and County (Physical Location)

3.b. _____
If Relocation or Correction, Prior City and County (Physical Location)

CA, United States, 90067
State/Province, Country, and Zip/Postal Code

_____ If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code

CA
State or Country (if foreign) of Incorporation

_____ If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. If the Nonbanking Company is a Functionally Regulated Subsidiary, indicate its functional regulator:

<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> SEC and CFTC	<input type="checkbox"/> SEC Only
<input type="checkbox"/> CFTC Only	<input type="checkbox"/> State Securities Department	<input type="checkbox"/> State Insurance Regulator

5. Is the Nonbanking Company a Financial Subsidiary of an insured Depository Institution? Yes No

6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
 Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
 Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number: _____
see instructions for when applicable leading six digits only

8. Tax ID Number: 15-2009130

9. Nonbanking Company Type (see instructions for list): Other Company
 Other, please describe: Portfolio Management

10. Business Organization Type:

<input checked="" 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 Co./Corp.
<input type="checkbox"/> Limited Liability Limited Partnership	<input type="checkbox"/> Other, please describe: _____	

11. Is the Nonbanking Company consolidated in the reporter's financial statements? Yes No
Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:
(a) Consolidated subsidiary in a foreign country; (b) A majority-owned Edge or Agreement subsidiary

Ownership Section (report at direct holder level unless otherwise noted)

12. Direct Holder's Name and Location: Main Street Financial Holding Company Los Angeles, CA, United States
Legal Name City, State/Province, Country

13.a. 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 controlled elsewhere within the organization

13.b. Other Interest: Yes No

13.c. If the reportable company is a type of limited company as indicated in item 10 above, please indicate the appropriate ownership interest of the direct holder: General Partner / Managing Member Limited Partner / Non-Managing Member

14. Control by Direct Holder: Yes No

15. Regulation K, Subpart A Investments: Portfolio Investment Joint Venture Subsidiary

16. Former Direct Holder's Name and Location (if applicable):

Legal Name of Former Direct Holder City, State/Province, Country

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	<u>311</u>	<u>52392</u>	<u>Portfolio Management</u>
17.b. Secondary Activity	_____	_____	_____
17.c. Termination of Activity	_____	_____	_____

Example: 130.01-1 / NONB FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

Section 4(k) Activities Conducted by Financial Holding Companies

Event Reference 130

New Activity Commenced Through the Acquisition of a Going Concern—continued

Schedule 2 of 2 used to fulfill the post-transaction notice requirement.

For Federal Reserve Bank Use Only	
ID_RSSD_TOP (top-tier BHC)	_____
ID_RSSD_E1 (direct holder)	_____
ID_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.

Check box if correction:

Post-Transaction Notice Section

1.a. Event Type (check one only): 1.b. Date of Event: 04/27/yyyy
(MM/DD/YYYY)

New Activity Commenced Directly by an FHC or Through an Existing Subsidiary
 New Activity Commenced Through Acquisition of a Going Concern
 New Activity Commenced Through a De Novo Formation

2. New Activities Commenced:

For the event type checked in item 1.a, report the FRS Legal Authority code and the five or six-digit NAICS activity code for each new activity. Provide a text description of the activity if unable to identify a five or six-digit NAICS activity corresponding to the activity.

	FRS Legal Authority Code (check one)	NAICS Activity Code	Description of Activity
2.a.	<input checked="" type="checkbox"/> 311 / <input type="checkbox"/> 312	<u>52392</u>	<u>Portfolio Management</u>
2.b.	<input type="checkbox"/> 311 / <input type="checkbox"/> 312	_____	_____
2.c.	<input type="checkbox"/> 311 / <input type="checkbox"/> 312	_____	_____

Large Merchant Banking or Insurance Company Investments Section

Use this section to report certain merchant banking or insurance company investments when the FHC directly or indirectly acquires more than 5 percent of a Nonbanking Company's voting shares or total equity or assets and the cost of the investment exceeds:

- (1) \$200 million; or
- (2) 5 percent of tier 1 capital, whichever is less.

1.a. Event Type (check one only): 1.b. Date of Event: _____
(MM/DD/YYYY)

Initial Investment
 Divestitures
 No Longer Reportable
 Name Changes

2. Direct Holder's Name and Location:

Legal Name _____

City and County _____ State/Province _____ Country _____

3. Nonbanking Company's Name and Location:

Legal Name _____

City and County _____ State/Province _____ Country _____

4. Direct Holder's Investment in Nonbanking Company Report the percentage amount in a, b, or c, as applicable.

a. _____ % Voting Securities

b. _____ % Total Equity

c. _____ % Assets

5. Initial Aggregate Cost of Investment to the FHC: \$ _____ (in millions of U.S. dollars)

Example: 130.01-2 / SE4K

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This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

If multiple companies are acquired on the same date, only one 4(k) Schedule is required for each new 4(k) activity and date.

If more than three new activities are commenced, complete additional schedules, as needed.

Section 4(k) Activities Conducted by Financial Holding Companies

Event Reference 131

New Activity Commenced Through a De Novo Formation—continued

Schedule 2 of 2 used to fulfill the post-transaction notice requirement.

For Federal Reserve Bank Use Only	
ID_RSSD_TOP (top-tier BHC)	_____
ID_RSSD_E1 (direct holder)	_____
ID_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.

Check box if correction:

Post-Transaction Notice Section

1.a. Event Type (check one only):

New Activity Commenced Directly by an FHC or Through an Existing Subsidiary

New Activity Commenced Through Acquisition of a Going Concern

New Activity Commenced Through a De Novo Formation

1.b. Date of Event: 08/01/yyyy
(MM/DD/YYYY)

2. New Activities Commenced:

For the event type checked in item 1.a, report the FRS Legal Authority code and the five or six-digit NAICS activity code for each new activity. Provide a text description of the activity if unable to identify a five or six-digit NAICS activity corresponding to the activity.

	FRS Legal Authority Code (check one)	NAICS Activity Code	Description of Activity
2.a.	<input checked="" type="checkbox"/> 311 / <input type="checkbox"/> 312	<u>52393</u>	<u>Investment Advice</u>
2.b.	<input type="checkbox"/> 311 / <input type="checkbox"/> 312	_____	_____
2.c.	<input type="checkbox"/> 311 / <input type="checkbox"/> 312	_____	_____

Large Merchant Banking or Insurance Company Investments Section

Use this section to report certain merchant banking or insurance company investments when the FHC directly or indirectly acquires more than 5 percent of a Nonbanking Company's voting shares or total equity or assets and the cost of the investment exceeds:

- (1) \$200 million; or
- (2) 5 percent of tier 1 capital, whichever is less.

1.a. Event Type (check one only):

Initial Investment

Divestitures

No Longer Reportable

Name Changes

1.b. Date of Event: _____
(MM/DD/YYYY)

2. Direct Holder's Name and Location:

Legal Name _____

City and County _____ State/Province _____ Country _____

3. Nonbanking Company's Name and Location:

Legal Name _____

City and County _____ State/Province _____ Country _____

4. Direct Holder's Investment in Nonbanking Company Report the percentage amount in a, b, or c, as applicable.

a. _____ % Voting Securities

b. _____ % Total Equity

c. _____ % Assets

5. Initial Aggregate Cost of Investment to the FHC: \$ _____ (in millions of U.S. dollars)

Example: 131.01-2 / SE4K

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PART II—On the 4(k) Schedule, the Event Type *New Activity Commenced Through a De Novo Formation* is checked.

If the new activity is conducted through more than one company, only one 4(k) Schedule is required to fulfill the post-transaction notice requirement.

Up to three new activities can be reported on a single 4(k) Schedule, provided each activity is commenced on the same date. If more than three activities are initially conducted on the same date, use additional 4(k) Schedules, as needed.

Merchant Banking or Insurance Company Investment

Event Reference 132

Merchant Banking or Insurance Company Investment

➤ Example 1: Initial Reportable Merchant Banking or Insurance Company Investment

In this example, a financial holding company (FHC) has an existing subsidiary, Acme Merchant Bank, who is engaged in merchant banking activities.

Acme Merchant Bank subsequently makes a reportable merchant banking investment in Apex Technology by acquiring 25% of the voting securities. The initial cost of the investment exceeds \$200 million.

This event is reported in the *Large Merchant Banking or Insurance Company Investments section* of the 4(k) Schedule.

For Federal Reserve Bank Use Only

ID_RSSD_TOP (top-tier BHC) _____

ID_RSSD_E1 (direct holder) _____

ID_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.

Check box if correction:

Post-Transaction Notice Section

1.a. Event Type (check one only):

New Activity Commenced Directly by an FHC or Through an Existing Subsidiary

New Activity Commenced Through Acquisition of a Going Concern

New Activity Commenced Through a De Novo Formation

1.b. Date of Event: _____ (MM/DD/YYYY)

2. New Activities Commenced:

For the event type checked in item 1.a., report the FRS Legal Authority code and the five or six-digit NAICS activity code for each new activity. Provide a text description of the activity if unable to identify a five or six-digit NAICS activity corresponding to the activity.

	FRS Legal Authority Code (check one)	NAICS Activity Code	Description of Activity
2.a.	<input type="checkbox"/> 311 / <input type="checkbox"/> 312	_____	_____
2.b.	<input type="checkbox"/> 311 / <input type="checkbox"/> 312	_____	_____
2.c.	<input type="checkbox"/> 311 / <input type="checkbox"/> 312	_____	_____

Large Merchant Banking or Insurance Company Investments Section

Use this section to report certain merchant banking or insurance company investments when the FHC directly or indirectly acquires more than 5 percent of a Nonbanking Company's voting shares or total equity or assets and the cost of the investment exceeds:

(1) \$200 million; or

(2) 5 percent of tier 1 capital, whichever is less.

1.a. Event Type (check one only):

Initial Investment

Divestitures

No Longer Reportable

Name Changes

1.b. Date of Event: 08/01/yyyy (MM/DD/YYYY)

2. Direct Holder's Name and Location: Acme Merchant Bank

Legal Name

Portland, Multnomah **OR** United States

City and County State/Province Country

3. Nonbanking Company's Name and Location: Apex Technology

Legal Name

Portland, Multnomah **OR** United States

City and County State/Province Country

4. Direct Holder's Investment in Nonbanking Company Report the percentage amount in a, b, or c, as applicable.

a. 25 % Voting Securities

b. _____ % Total Equity

c. _____ % Assets

5. Initial Aggregate Cost of Investment to the FHC: \$ 225 (in millions of U.S. dollars)

Report the initial aggregate cost of the FHC's investment, in millions of U.S. dollars, rounded down to the nearest million. If under a million, enter 1.

↙

Example: 132.01 / SE4K

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Merchant Banking or Insurance Company Investment

Event Reference 132

Merchant Banking or Insurance Company Investment

➤ Example 2: Divestiture of a Merchant Banking or Insurance Company Investment

In this example, Westlake Technology was a reportable merchant banking investment held by Pike Place Merchant Bank.

On October 31, the merchant bank divested its investment in the nonbanking company.

The event is reported in the *Large Merchant Banking or Insurance Company Investments* section of the 4(k) Schedule.

For Federal Reserve Bank Use Only

ID_RSSD_TOP (top-tier BHC) _____

ID_RSSD_E1 (direct holder) _____

ID_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.

Check box if correction:

Post-Transaction Notice Section

1.a. Event Type (check one only):

New Activity Commenced Directly by an FHC or Through an Existing Subsidiary

New Activity Commenced Through Acquisition of a Going Concern

New Activity Commenced Through a De Novo Formation

1.b. Date of Event: _____ (MM/DD/YYYY)

2. New Activities Commenced:

For the event type checked in item 1.a, report the FRS Legal Authority code and the five or six-digit NAICS activity code for each new activity. Provide a text description of the activity if unable to identify a five or six-digit NAICS activity corresponding to the activity.

	FRS Legal Authority Code (check one)	NAICS Activity Code	Description of Activity
2.a.	<input type="checkbox"/> 311 / <input type="checkbox"/> 312	_____	_____
2.b.	<input type="checkbox"/> 311 / <input type="checkbox"/> 312	_____	_____
2.c.	<input type="checkbox"/> 311 / <input type="checkbox"/> 312	_____	_____

Large Merchant Banking or Insurance Company Investments Section

Use this section to report certain merchant banking or insurance company investments when the FHC directly or indirectly acquires more than 5 percent of a Nonbanking Company's voting shares or total equity or assets and the cost of the investment exceeds:

(1) \$200 million; or

(2) 5 percent of tier 1 capital, whichever is less.

1.a. Event Type (check one only):

Initial Investment

Divestitures

No Longer Reportable

Name Changes

1.b. Date of Event: 10/31/yyyy (MM/DD/YYYY)

2. Direct Holder's Name and Location: Pike Place Merchant Bank

Legal Name

Seattle, King WA United States

City and County State/Province Country

3. Nonbanking Company's Name and Location: Westlake Technology

Legal Name

Seattle, King WA United States

City and County State/Province Country

4. Direct Holder's Investment in Nonbanking Company Report the percentage amount in a, b, or c, as applicable.

a. _____ % Voting Securities

b. _____ % Total Equity

c. _____ % Assets

5. Initial Aggregate Cost of Investment to the FHC: \$ _____ (in millions of U.S. dollars)

Example: 132.02 / SE4K FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

FBO U.S. Branch, Agency or Representative Office

This FR Y-10 Online event selection assists with the filing of the Branch, Agency, and Representative Office of Foreign Banking Organizations (FBOs) Schedule.

In this example, New Kingsland Banking Company, London, England, opened a U.S. branch in Stamford, Connecticut, on June 1, YYYY.

For Federal Reserve Bank Use Only

ID_RSSD _____

County, State and Country Code _____

ID_RSSD_HD_OFF _____

City and Country Code _____

Branch, Agency, and Representative Office of FBOs Schedule

Use this schedule to report information about U.S. branches, agencies, representative offices, and managed non-U.S. branches of FBOs, and U.S representative offices of foreign bank subsidiaries of Foreign Banking Organizations.

Report all offices, including inactive offices that continue to retain their license. Check box if correction:

1.a. Event Type (check all that apply):

<input checked="" type="checkbox"/> Opening	<input type="checkbox"/> License Issued	<input type="checkbox"/> Relocation
<input type="checkbox"/> Change in Office Type	<input type="checkbox"/> Became Inactive	<input type="checkbox"/> License Surrendered
<input type="checkbox"/> Commenced Activities Through Managed Non-U.S. Branch	<input type="checkbox"/> Ceased Activities Through Managed Non-U.S. Branch	
<input type="checkbox"/> Other, please describe event type: _____		

1.b. Date of Event: 06/01/YYYY
(MM/DD/YYYY)

Characteristics Section

2. Office Type (including Managed Non-U.S. Branches):

Branch Agency Representative Office

3. Stamford Branch
Popular Name

4.a. Current Address

122 Fairfield Street
Current Street Address (Physical Location)

Stamford, Fairfield
City and County

CT, United States, 06901
State, Country, and Zip/Postal Code

4.b. Previous Address (if changes have occurred):

If Relocation or Correction, Prior Street Address (Physical Location)

If Relocation or Correction, Prior City and County

If Relocation or Correction, Prior State, Country, and Zip/Postal Code

5. New Kingsland Banking Company
Head Office Legal Name

London, England
City, Province, Country, and Zip/Postal Code

Example: 133.01 / BARO

FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

U.S. Banking Organization Foreign Branch

This FR Y-10 Online event selection assists with the filing of the Foreign Branches of U.S. Banking Organizations Schedule.

In this example, Old Banking Company, a U.S. Commercial Bank, opened a branch in Paris, France, on November 17, YYYY.

For Federal Reserve Bank Use Only

ID_RSSD _____

County, State and Country Code _____

ID_RSSD_HD_OFF _____

City and Country Code _____

Foreign Branches 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 agreement corporations, bank holding companies, and foreign subsidiaries. The term "foreign" refers to one or more foreign nations, and includes the overseas territories, dependencies, and insular possessions of those nations and of the United States and the Commonwealth of Puerto Rico.

Report all offices, including inactive offices that continue to retain their license. Check box if correction:

1.a. Event Type (check all that apply): 1.b. Date of Event: 11/17/YYYY
(MM/DD/YYYY)

Opening Closure Relocation

Other, please describe event type: _____

Characteristics Section

2. Office Type:

Full-Service Branch Shell Branch Other

3. Date of Board Consent or Prior Notification (if applicable): 09/01/ccyy

4. Paris Branch
Popular Name

5.a. Current Address 5.b. Previous Address (if changes have occurred):

120 French Street
Current Street Address (Physical Location) _____
If Relocation or Correction, Prior Street Address (Physical Location)

Paris
City _____
If Relocation or Correction, Prior City

France
Province, Country, and Zip/Postal Code _____
If Relocation or Correction, Prior Province, Country, and Zip/Postal Code

6. Old Banking Company
Head Office Legal Name

New York, NY, United States, 10003
City, State, Country, and Zip/Postal Code

Example: 134.01 / FBUB

FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

U.S. Banking Organization Domestic Branch Opening

This FR Y-10 Online event selection assists with the filing of the Domestic Branch Schedule.

In this example, Local First Bank opened a new full service branch effective March 11, YYYY.

For Federal Reserve Bank Use Only

ID_RSSD _____

County, State and Country Code _____

ID_RSSD_HD_OFF _____

City and Country Code _____

Domestic Branch Schedule

Use this schedule to report information on:

1. Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly by top-tier BHCs and state member banks that are not affiliated with a BHC; and,
2. Branches of Edge and agreement corporations.

Check box if correction:

1.a. Event Type (check all that apply):

Opening (De Novo) Purchase of Branches Acquisition of Branches Through Merger/Absorption

Sale of Branches Closure Relocation

Name Change Change in Service Type Deletion of Erroneously Reported Branch/Office

Other, please describe event type: _____

1.b. Date of Event: 03/11/YYYY
(MM/DD/YYYY)

Characteristics Section

2. Check applicable service type:

Full Service Limited Service Trust Electronic Banking

3.a. LaSalle Branch
Popular Name

3.b. _____
Popular Name

4.a. Current Address

230 South LaSalle
Current Street Address (Physical Location)

Chicago, Cook
City and County

IL, United States 60404
State, Country, and Zip/Postal Code

4.b. Previous Address (if changes have occurred):

If Relocation or Correction, Prior Street Address (Physical Location)

If Relocation or Correction, Prior City and County

If Relocation or Correction, Prior State, Country, and Zip/Postal Code

5. Local First Bank
Head Office Legal Name

San Francisco, CA, United States 94105
City, State, Country, and Zip/Postal Code

6. For Event Types Sale of Branches or Purchase of Branches, provide the name and address of the other domestic depository institution involved in the transaction and the number of branches sold or purchased:

Name of Other Depository Institution that Sold or Purchased Branches

Number of Branches Sold or Purchased

City, State, Country and Zip/Postal Code

Example: 143.01 / DBUB

FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

U.S. Banking Organization Domestic Branch Name Change and/or Relocation

This FR Y-10 Online event selection assists with the filing of the Domestic Branch Schedule.

In this example, Local First Bank changed the name and location of the Stadium Branch effective March 11, YYYY.

For Federal Reserve Bank Use Only

ID_RSSD _____

County, State and Country Code _____

ID_RSSD_HD_OFF _____

City and Country Code _____

Domestic Branch Schedule

Use this schedule to report information on:

- Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly by top-tier BHCs and state member banks that are not affiliated with a BHC; and,
- Branches of Edge and agreement corporations.

Check box if correction:

1.a. Event Type (check all that apply):

Opening (De Novo) Purchase of Branches Acquisition of Branches Through Merger/Absorption
 Sale of Branches Closure Relocation
 Name Change Change in Service Type Deletion of Erroneously Reported Branch/Office
 Other, please describe event type: _____

1.b. Date of Event: 03/11/YYYY
(MM/DD/YYYY)

Characteristics Section

2. Check applicable service type:

Full Service Limited Service Trust Electronic Banking

3.a. Atlanta Branch
Popular Name

3.b. Stadium Branch
Popular Name

4.a. Current Address

202 North Main Street
Current Street Address (Physical Location)

Atlanta, Fulton
City and County

GA, United States 30327
State, Country, and Zip/Postal Code

4.b. Previous Address (if changes have occurred):

154 Northside Parkway Northwest
If Relocation or Correction, Prior Street Address (Physical Location)

Atlanta, Fulton
If Relocation or Correction, Prior City and County

GA, United States 30314
If Relocation or Correction, Prior State, Country, and Zip/Postal Code

5. Local First Bank
Head Office Legal Name

San Francisco, CA, United States 94105
City, State, Country, and Zip/Postal Code

6. For Event Types Sale of Branches or Purchase of Branches, provide the name and address of the other domestic depository institution involved in the transaction and the number of branches sold or purchased:

Name of Other Depository Institution that Sold or Purchased Branches _____
 Number of Branches Sold or Purchased _____
 City, State, Country and Zip/Postal Code _____

Example: 144.01 / DBUB

FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

U.S. Banking Organization Domestic Branch Change in Service Type

This FR Y-10 Online event selection assists with the filing of the Domestic Branch Schedule.

In this example, Local First Bank changed the service type of their Wisconsin Avenue Drive-Up effective March 11, YYYY.

For Federal Reserve Bank Use Only

ID_RSSD _____

County, State and Country Code _____

ID_RSSD_HD_OFF _____

City and Country Code _____

Domestic Branch Schedule

Use this schedule to report information on:

- Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly by top-tier BHCs and state member banks that are not affiliated with a BHC; and,
- Branches of Edge and agreement corporations.

Check box if correction:

1.a. Event Type (check all that apply):

Opening (De Novo)
 Purchase of Branches
 Acquisition of Branches Through Merger/Absorption
 Sale of Branches
 Closure
 Relocation
 Name Change
 Change in Service Type
 Deletion of Erroneously Reported Branch/Office
 Other, please describe event type: _____

1.b. Date of Event: 03/11/YYYY
(MM/DD/YYYY)

Characteristics Section

2. Check applicable service type:

Full Service
 Limited Service
 Trust
 Electronic Banking

3.a. Wisconsin Avenue Drive-Up
Popular Name

3.b. _____
Popular Name

4.a. Current Address

745 West Wisconsin Avenue
Current Street Address (Physical Location)

Milwaukee, Milwaukee
City and County

WI, United States 53202
State, Country, and Zip/Postal Code

4.b. Previous Address (if changes have occurred):

If Relocation or Correction, Prior Street Address (Physical Location)

If Relocation or Correction, Prior City and County

If Relocation or Correction, Prior State, Country, and Zip/Postal Code

5. Local First Bank
Head Office Legal Name

San Francisco, CA, United States 94105
City, State, Country, and Zip/Postal Code

6. For Event Types Sale of Branches or Purchase of Branches, provide the name and address of the other domestic depository institution involved in the transaction and the number of branches sold or purchased:

Name of Other Depository Institution that Sold or Purchased Branches

Number of Branches Sold or Purchased

City, State, Country and Zip/Postal Code

Example: 145.01 / DBUB

FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

U.S. Banking Organization Domestic Branch Purchase or Sale

➤ **Example 1: A Depository Institution Sells Multiple Branches to Another Depository Institution**

This FR Y-10 Online event selection assists with the filing of the Domestic Branch Schedule.

In this example, Local First Bank sold four (4) branches to Montgomery National Bank effective February 1, YYYY.

One Domestic Branch Schedule must be submitted for each branch that was sold.

The seller is a depository institution within your organization.

For this sale, the seller is entered in Item 5, and the purchaser (other depository institution) is entered in Item 6.

For partial purchase and assumption transactions, report the number of branches that were purchased or sold. For full purchase and assumption transactions, this number is not reportable.

Schedule 1 of 4 used to report the Sale of Branches

For Federal Reserve Bank Use Only

ID_RSSD _____

County, State and Country Code _____

ID_RSSD_HD_OFF _____

City and Country Code _____

Domestic Branch Schedule

Use this schedule to report information on:

- Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly by top-tier BHCs and state member banks that are not affiliated with a BHC; and,
- Branches of Edge and agreement corporations.

Check box if correction:

1.a. Event Type (check all that apply):

Opening (De Novo) Purchase of Branches Acquisition of Branches Through Merger/Absorption

Sale of Branches Closure Relocation

Name Change Change in Service Type Deletion of Erroneously Reported Branch/Office

Other, please describe event type: _____

1.b. Date of Event: 02/01/YYYY
(MM/DD/YYYY)

Characteristics Section

2. Check applicable service type:

Full Service Limited Service Trust Electronic Banking

3.a. Los Angeles Branch
Popular Name

3.b. _____
Popular Name

4.a. Current Address

4500 South Figueroa Street
Current Street Address (Physical Location)

Los Angeles, Los Angeles
City and Country

CA, United States 90017
State, Country, and Zip/Postal Code

4.b. Previous Address (if changes have occurred):

If Relocation or Correction, Prior Street Address (Physical Location)

If Relocation or Correction, Prior City and Country

If Relocation or Correction, Prior State, Country, and Zip/Postal Code

5. Local First Bank ← Bank A—Seller
Head Office Legal Name

San Francisco, CA, United States 94105
City, State, Country, and Zip/Postal Code

6. For Event Types Sale of Branches or Purchase of Branches, provide the name and address of the other domestic depository institution involved in the transaction and the number of branches sold or purchased:

Montgomery National Bank ← Bank B—Purchaser
Name of Other Depository Institution that Sold or Purchased Branches

San Francisco, CA, United States 94111
City, State, Country and Zip/Postal Code

4
Number of Branches Sold or Purchased

Provide the number of branches only when reporting the following types of transactions:

- Sale of branches through a partial purchase and assumption transaction; or
- Purchase of branches through a partial purchase and assumption transaction.

For purposes of reporting the Domestic Branch Schedule, a PARTIAL PURCHASE AND ASSUMPTION TRANSACTION is defined as the sale or purchase of one or more branches, but not all branches, to or from another depository institution. For example, Bank A is engaging in a partial purchase and assumption transaction when it sells four of its six branches to Bank B.

Example: 146.01-1 / DBUB FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

U.S. Banking Organization Domestic Branch Purchase or Sale—continued

➤ Example 1: A Depository Institution Sells Multiple Branches to Another Depository Institution—continued

Schedule 2 of 4 used to report the Sale of Branches

As indicated in the previous page, each branch that was sold must be identified and reported.

For Federal Reserve Bank Use Only ID_RSSD _____ County, State and Country Code _____ ID_RSSD_HD_OFF _____ City and Country Code _____																	
<h3>Domestic Branch Schedule</h3> <p>Use this schedule to report information on:</p> <ol style="list-style-type: none"> Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly by top-tier BHCs and state member banks that are not affiliated with a BHC; and, Branches of Edge and agreement corporations. <p style="text-align: right;">Check box if correction: <input type="checkbox"/></p> <hr/> <p>1.a. Event Type (check all that apply):</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Opening (De Novo)</td> <td><input type="checkbox"/> Purchase of Branches</td> <td><input type="checkbox"/> Acquisition of Branches Through Merger/Absorption</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sale of Branches</td> <td><input type="checkbox"/> Closure</td> <td><input type="checkbox"/> Relocation</td> </tr> <tr> <td><input type="checkbox"/> Name Change</td> <td><input type="checkbox"/> Change in Service Type</td> <td><input type="checkbox"/> Deletion of Erroneously Reported Branch/Office</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other, please describe event type: _____</td> </tr> </table> <p>1.b. Date of Event: <u>02/01/yyyy</u> <small>(MM/DD/YYYY)</small></p> <hr/> <h3>Characteristics Section</h3> <p>2. Check applicable service type:</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Full Service</td> <td><input type="checkbox"/> Limited Service</td> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Electronic Banking</td> </tr> </table> <p>3.a. <u>Chinatown Branch</u> <small>Popular Name</small></p> <p>3.b. _____ <small>Popular Name</small></p> <p>4.a. Current Address</p> <p><u>500 South Broadway</u> <small>Current Street Address (Physical Location)</small></p> <p><u>Los Angeles, Los Angeles</u> <small>City and Country</small></p> <p><u>CA, United States 90012</u> <small>State, Country, and Zip/Postal Code</small></p> <p>4.b. Previous Address (if changes have occurred):</p> <p>_____ <small>If Relocation or Correction, Prior Street Address (Physical Location)</small></p> <p>_____ <small>If Relocation or Correction, Prior City and County</small></p> <p>_____ <small>If Relocation or Correction, Prior State, Country, and Zip/Postal Code</small></p> <p>5. <u>Local First Bank</u> ← <i>Bank A—Seller</i> <small>Head Office Legal Name</small></p> <p><u>San Francisco, CA, United States 94105</u> <small>City, State, Country, and Zip/Postal Code</small></p> <p>6. For Event Types Sale of Branches or Purchase of Branches, provide the name and address of the other domestic depository institution involved in the transaction and the number of branches sold or purchased:</p> <p><u>Montgomery National Bank</u> ← <i>Bank B—Purchaser</i> <small>Name of Other Depository Institution that Sold or Purchased Branches</small></p> <p><u>San Francisco, CA, United States 94111</u> <small>City, State, Country and Zip/Postal Code</small></p> <p style="text-align: right;"><u>4</u> <small>Number of Branches Sold or Purchased</small></p> <p style="color: green; margin-top: 10px;">Provide the number of branches only when reporting the following types of transactions:</p> <ul style="list-style-type: none"> • Sale of branches through a partial purchase and assumption transaction; or • Purchase of branches through a partial purchase and assumption transaction. <p style="color: green; margin-top: 10px;">For purposes of reporting the Domestic Branch Schedule, a PARTIAL PURCHASE AND ASSUMPTION TRANSACTION is defined as the sale or purchase of one or more branches, but not all branches, to or from another depository institution. For example, Bank A is engaging in a partial purchase and assumption transaction when it sells four of its six branches to Bank B.</p>		<input type="checkbox"/> Opening (De Novo)	<input type="checkbox"/> Purchase of Branches	<input type="checkbox"/> Acquisition of Branches Through Merger/Absorption	<input checked="" type="checkbox"/> Sale of Branches	<input type="checkbox"/> Closure	<input type="checkbox"/> Relocation	<input type="checkbox"/> Name Change	<input type="checkbox"/> Change in Service Type	<input type="checkbox"/> Deletion of Erroneously Reported Branch/Office	<input type="checkbox"/> Other, please describe event type: _____			<input checked="" type="checkbox"/> Full Service	<input type="checkbox"/> Limited Service	<input type="checkbox"/> Trust	<input type="checkbox"/> Electronic Banking
<input type="checkbox"/> Opening (De Novo)	<input type="checkbox"/> Purchase of Branches	<input type="checkbox"/> Acquisition of Branches Through Merger/Absorption															
<input checked="" type="checkbox"/> Sale of Branches	<input type="checkbox"/> Closure	<input type="checkbox"/> Relocation															
<input type="checkbox"/> Name Change	<input type="checkbox"/> Change in Service Type	<input type="checkbox"/> Deletion of Erroneously Reported Branch/Office															
<input type="checkbox"/> Other, please describe event type: _____																	
<input checked="" type="checkbox"/> Full Service	<input type="checkbox"/> Limited Service	<input type="checkbox"/> Trust	<input type="checkbox"/> Electronic Banking														
Example: 146.01-2 / DBUB	FR Y-10 ONLINE — December 2011 —																

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

U.S. Banking Organization Domestic Branch Purchase or Sale—continued

➤ Example 1: A Depository Institution Sells Multiple Branches to Another Depository Institution—continued

Schedule 3 of 4 used to report the Sale of Branches

As indicated in the previous page, each branch that was sold must be identified and reported.

For Federal Reserve Bank Use Only ID_RSSD _____ County, State and Country Code _____ ID_RSSD_HD_OFF _____ City and Country Code _____																	
<h3>Domestic Branch Schedule</h3> <p>Use this schedule to report information on:</p> <ol style="list-style-type: none"> Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly by top-tier BHCs and state member banks that are not affiliated with a BHC; and, Branches of Edge and agreement corporations. <p style="text-align: right;">Check box if correction: <input type="checkbox"/></p> <hr/> <p>1.a. Event Type (check all that apply):</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Opening (De Novo)</td> <td><input type="checkbox"/> Purchase of Branches</td> <td><input type="checkbox"/> Acquisition of Branches Through Merger/Absorption</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sale of Branches</td> <td><input type="checkbox"/> Closure</td> <td><input type="checkbox"/> Relocation</td> </tr> <tr> <td><input type="checkbox"/> Name Change</td> <td><input type="checkbox"/> Change in Service Type</td> <td><input type="checkbox"/> Deletion of Erroneously Reported Branch/Office</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other, please describe event type: _____</td> </tr> </table> <p>1.b. Date of Event: <u>02/01/yyyy</u> <small>(MM/DD/YYYY)</small></p> <hr/> <h3>Characteristics Section</h3> <p>2. Check applicable service type:</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Full Service</td> <td><input type="checkbox"/> Limited Service</td> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Electronic Banking</td> </tr> </table> <p>3.a. <u>San Francisco Branch</u> <small>Popular Name</small></p> <p>3.b. _____ <small>Popular Name</small></p> <p>4.a. Current Address</p> <p><u>200 North Montgomery Street</u> <small>Current Street Address (Physical Location)</small></p> <p><u>San Francisco, San Francisco</u> <small>City and Country</small></p> <p><u>CA, United States 94111</u> <small>State, Country, and Zip/Postal Code</small></p> <p>4.b. Previous Address (if changes have occurred):</p> <p>_____ <small>If Relocation or Correction, Prior Street Address (Physical Location)</small></p> <p>_____ <small>If Relocation or Correction, Prior City and Country</small></p> <p>_____ <small>If Relocation or Correction, Prior State, Country, and Zip/Postal Code</small></p> <p>5. <u>Local First Bank</u> ← Bank A–Seller <small>Head Office Legal Name</small></p> <p><u>San Francisco, CA, United States 94105</u> <small>City, State, Country, and Zip/Postal Code</small></p> <p>6. For Event Types Sale of Branches or Purchase of Branches, provide the name and address of the other domestic depository institution involved in the transaction and the number of branches sold or purchased:</p> <p><u>Montgomery National Bank</u> ← Bank B–Purchaser <small>Name of Other Depository Institution that Sold or Purchased Branches</small></p> <p><u>San Francisco, CA, United States 94111</u> <small>City, State, Country and Zip/Postal Code</small></p> <p style="text-align: right;"><u>4</u> <small>Number of Branches Sold or Purchased</small></p> <p style="color: green; margin-top: 10px;">Provide the number of branches only when reporting the following types of transactions:</p> <ul style="list-style-type: none"> • Sale of branches through a partial purchase and assumption transaction; or • Purchase of branches through a partial purchase and assumption transaction. <p style="color: green; margin-top: 10px;">For purposes of reporting the Domestic Branch Schedule, a PARTIAL PURCHASE AND ASSUMPTION TRANSACTION is defined as the sale or purchase of one or more branches, but not all branches, to or from another depository institution. For example, Bank A is engaging in a partial purchase and assumption transaction when it sells four of its six branches to Bank B.</p>		<input type="checkbox"/> Opening (De Novo)	<input type="checkbox"/> Purchase of Branches	<input type="checkbox"/> Acquisition of Branches Through Merger/Absorption	<input checked="" type="checkbox"/> Sale of Branches	<input type="checkbox"/> Closure	<input type="checkbox"/> Relocation	<input type="checkbox"/> Name Change	<input type="checkbox"/> Change in Service Type	<input type="checkbox"/> Deletion of Erroneously Reported Branch/Office	<input type="checkbox"/> Other, please describe event type: _____			<input checked="" type="checkbox"/> Full Service	<input type="checkbox"/> Limited Service	<input type="checkbox"/> Trust	<input type="checkbox"/> Electronic Banking
<input type="checkbox"/> Opening (De Novo)	<input type="checkbox"/> Purchase of Branches	<input type="checkbox"/> Acquisition of Branches Through Merger/Absorption															
<input checked="" type="checkbox"/> Sale of Branches	<input type="checkbox"/> Closure	<input type="checkbox"/> Relocation															
<input type="checkbox"/> Name Change	<input type="checkbox"/> Change in Service Type	<input type="checkbox"/> Deletion of Erroneously Reported Branch/Office															
<input type="checkbox"/> Other, please describe event type: _____																	
<input checked="" type="checkbox"/> Full Service	<input type="checkbox"/> Limited Service	<input type="checkbox"/> Trust	<input type="checkbox"/> Electronic Banking														
Example: 146.01-3 / DBUB	FR Y-10 ONLINE — December 2011 —																

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

U.S. Banking Organization Domestic Branch Purchase or Sale—continued

➤ Example 1: A Depository Institution Sells Multiple Branches to Another Depository Institution—continued

Schedule 4 of 4 used to report the Sale of Branches

As indicated in the previous page, each branch that was sold must be identified and reported.

For Federal Reserve Bank Use Only ID_RSSD _____ County, State and Country Code _____ ID_RSSD_HD_OFF _____ City and Country Code _____																	
<h3>Domestic Branch Schedule</h3> <p>Use this schedule to report information on:</p> <ol style="list-style-type: none"> Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly by top-tier BHCs and state member banks that are not affiliated with a BHC; and, Branches of Edge and agreement corporations. <p style="text-align: right;">Check box if correction: <input type="checkbox"/></p> <hr/> <p>1.a. Event Type (check all that apply):</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Opening (De Novo)</td> <td><input type="checkbox"/> Purchase of Branches</td> <td><input type="checkbox"/> Acquisition of Branches Through Merger/Absorption</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sale of Branches</td> <td><input type="checkbox"/> Closure</td> <td><input type="checkbox"/> Relocation</td> </tr> <tr> <td><input type="checkbox"/> Name Change</td> <td><input type="checkbox"/> Change in Service Type</td> <td><input type="checkbox"/> Deletion of Erroneously Reported Branch/Office</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other, please describe event type: _____</td> </tr> </table> <p>1.b. Date of Event: <u>02/01/yyyy</u> <small>(MM/DD/YYYY)</small></p> <hr/> <h3>Characteristics Section</h3> <p>2. Check applicable service type:</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Full Service</td> <td><input type="checkbox"/> Limited Service</td> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Electronic Banking</td> </tr> </table> <p>3.a. <u>Circle Center Branch</u> <small>Popular Name</small></p> <p>3.b. _____ <small>Popular Name</small></p> <p>4.a. Current Address</p> <p><u>695 Colorado Boulevard</u> <small>Current Street Address (Physical Location)</small></p> <p><u>Pasadena, Los Angeles</u> <small>City and County</small></p> <p><u>CA, United States 91106</u> <small>State, Country, and Zip/Postal Code</small></p> <p>4.b. Previous Address (if changes have occurred):</p> <p>_____ <small>If Relocation or Correction, Prior Street Address (Physical Location)</small></p> <p>_____ <small>If Relocation or Correction, Prior City and County</small></p> <p>_____ <small>If Relocation or Correction, Prior State, Country, and Zip/Postal Code</small></p> <p>5. <u>Local First Bank</u> ← <i>Bank A-Seller</i> <small>Head Office Legal Name</small></p> <p><u>San Francisco, CA, United States 94105</u> <small>City, State, Country, and Zip/Postal Code</small></p> <p>6. For Event Types Sale of Branches or Purchase of Branches, provide the name and address of the other domestic depository institution involved in the transaction and the number of branches sold or purchased:</p> <p><u>Montgomery National Bank</u> ← <i>Bank B-Purchaser</i> <small>Name of Other Depository Institution that Sold or Purchased Branches</small></p> <p><u>San Francisco, CA, United States 94111</u> <small>City, State, Country and Zip/Postal Code</small></p> <p style="text-align: right;"><u>4</u> <small>Number of Branches Sold or Purchased</small></p> <p style="color: green; margin-top: 10px;">Provide the number of branches only when reporting the following types of transactions:</p> <ul style="list-style-type: none"> • Sale of branches through a partial purchase and assumption transaction; or • Purchase of branches through a partial purchase and assumption transaction. <p style="color: green; margin-top: 10px;">For purposes of reporting the Domestic Branch Schedule, a PARTIAL PURCHASE AND ASSUMPTION TRANSACTION is defined as the sale or purchase of one or more branches, but not all branches, to or from another depository institution. For example, Bank A is engaging in a partial purchase and assumption transaction when it sells four of its six branches to Bank B.</p>		<input type="checkbox"/> Opening (De Novo)	<input type="checkbox"/> Purchase of Branches	<input type="checkbox"/> Acquisition of Branches Through Merger/Absorption	<input checked="" type="checkbox"/> Sale of Branches	<input type="checkbox"/> Closure	<input type="checkbox"/> Relocation	<input type="checkbox"/> Name Change	<input type="checkbox"/> Change in Service Type	<input type="checkbox"/> Deletion of Erroneously Reported Branch/Office	<input type="checkbox"/> Other, please describe event type: _____			<input checked="" type="checkbox"/> Full Service	<input type="checkbox"/> Limited Service	<input type="checkbox"/> Trust	<input type="checkbox"/> Electronic Banking
<input type="checkbox"/> Opening (De Novo)	<input type="checkbox"/> Purchase of Branches	<input type="checkbox"/> Acquisition of Branches Through Merger/Absorption															
<input checked="" type="checkbox"/> Sale of Branches	<input type="checkbox"/> Closure	<input type="checkbox"/> Relocation															
<input type="checkbox"/> Name Change	<input type="checkbox"/> Change in Service Type	<input type="checkbox"/> Deletion of Erroneously Reported Branch/Office															
<input type="checkbox"/> Other, please describe event type: _____																	
<input checked="" type="checkbox"/> Full Service	<input type="checkbox"/> Limited Service	<input type="checkbox"/> Trust	<input type="checkbox"/> Electronic Banking														
Example: 146.01-4 / DBUB	FR Y-10 ONLINE — December 2011 —																

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

U.S. Banking Organization Domestic Branch Purchase or Sale—continued

➤ **Example 2: A Depository Institution Purchases Multiple Branches from Another Depository Institution**

This FR Y-10 Online event selection assists with the filing of the Domestic Branch Schedule.

In this example, Northern State Bank purchased three (3) branches from Columbus National Bank effective March 11, YYYY.

One Domestic Branch Schedule must be submitted for each branch that was purchased.

The purchaser is a depository institution within your organization.

For this purchase, the purchaser is entered in Item 5, and the seller (other depository institution) is entered in Item 6.

For partial purchase and assumption transactions, report the number of branches that were purchased or sold. For full purchase and assumption transactions, this number is not reportable.

Schedule 1 of 3 used to report the Purchase of Branches

For Federal Reserve Bank Use Only

ID_RSSD _____

County, State and Country Code _____

ID_RSSD_HD_OFF _____

City and Country Code _____

Domestic Branch Schedule

Use this schedule to report information on:

- Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly by top-tier BHCs and state member banks that are not affiliated with a BHC; and,
- Branches of Edge and agreement corporations. Check box if correction:

1.a. Event Type (check all that apply):

Opening (De Novo) Purchase of Branches Acquisition of Branches Through Merger/Absorption

Sale of Branches Closure Relocation

Name Change Change in Service Type Deletion of Erroneously Reported Branch/Office

Other, please describe event type: _____

1.b. Date of Event: 03/11/YYYY
(MM/DD/YYYY)

Characteristics Section

2. Check applicable service type:

Full Service Limited Service Trust Electronic Banking

3.a. Main Street Branch
Popular Name

3.b. _____
Popular Name

4.a. Current Address

123 Main Street
Current Street Address (Physical Location)

Benecia, Solano
City and County

CA, United States 94510
State, Country, and Zip/Postal Code

4.b. Previous Address (if changes have occurred):

If Relocation or Correction, Prior Street Address (Physical Location)

If Relocation or Correction, Prior City and County

If Relocation or Correction, Prior State, Country, and Zip/Postal Code

5. Northern State Bank ← Bank A—Purchaser
Head Office Legal Name

Sacramento, CA, United States 95820
City, State, Country, and Zip/Postal Code

6. For Event Types Sale of Branches or Purchase of Branches, provide the name and address of the other domestic depository institution involved in the transaction and the number of branches sold or purchased:

Columbus National Bank ← Bank B—Seller
Name of Other Depository Institution that Sold or Purchased Branches

Benecia, CA, United States 94510
City, State, Country and Zip/Postal Code

3
Number of Branches Sold or Purchased

Provide the number of branches only when reporting the following types of transactions:

- Sale of branches through a partial purchase and assumption transaction; or
- Purchase of branches through a partial purchase and assumption transaction.

For purposes of reporting the Domestic Branch Schedule, a PARTIAL PURCHASE AND ASSUMPTION TRANSACTION is defined as the sale or purchase of one or more branches, but not all branches, to or from another depository institution. For example, Bank A is engaging in a partial purchase and assumption transaction when it purchases three of ten branches from Bank B.

Example: 146.02-1 / DBUB FR Y-10 ONLINE
December 2011

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

U.S. Banking Organization Domestic Branch Purchase or Sale—continued

➤ Example 2: A Depository Institution Purchases Multiple Branches from Another Depository Institution—continued

Schedule 2 of 3 used to report the Purchase of Branches

As indicated in the previous page, each branch that was purchased must be identified and reported.

<div style="border: 1px solid black; padding: 2px;"> <p style="margin: 0;">For Federal Reserve Bank Use Only</p> <p style="margin: 0;">ID_RSSD _____</p> <p style="margin: 0;">County, State and Country Code _____</p> <p style="margin: 0;">ID_RSSD_HD_OFF _____</p> <p style="margin: 0;">City and Country Code _____</p> </div>																	
<h3>Domestic Branch Schedule</h3> <p>Use this schedule to report information on:</p> <ol style="list-style-type: none"> Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly by top-tier BHCs and state member banks that are not affiliated with a BHC; and, Branches of Edge and agreement corporations. <p style="text-align: right;">Check box if correction: <input type="checkbox"/></p> <hr/> <p>1.a. Event Type (check all that apply):</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Opening (De Novo)</td> <td><input checked="" type="checkbox"/> Purchase of Branches</td> <td><input type="checkbox"/> Acquisition of Branches Through Merger/Absorption</td> </tr> <tr> <td><input type="checkbox"/> Sale of Branches</td> <td><input type="checkbox"/> Closure</td> <td><input type="checkbox"/> Relocation</td> </tr> <tr> <td><input type="checkbox"/> Name Change</td> <td><input type="checkbox"/> Change in Service Type</td> <td><input type="checkbox"/> Deletion of Erroneously Reported Branch/Office</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other, please describe event type: _____</td> </tr> </table> <p>1.b. Date of Event: <u>03/11/yyyy</u> <small>(MM/DD/YYYY)</small></p> <hr/> <h3>Characteristics Section</h3> <p>2. Check applicable service type:</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Full Service</td> <td><input type="checkbox"/> Limited Service</td> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Electronic Banking</td> </tr> </table> <p>3.a. <u>Railroad Avenue Branch</u> <small>Popular Name</small></p> <p>3.b. _____ <small>Popular Name</small></p> <p>4.a. Current Address</p> <p><u>555 Railroad Avenue</u> <small>Current Street Address (Physical Location)</small></p> <p><u>Benecia, Solano</u> <small>City and County</small></p> <p><u>CA, United States 94510</u> <small>State, Country, and Zip/Postal Code</small></p> <p>4.b. Previous Address (if changes have occurred):</p> <p>_____ <small>If Relocation or Correction, Prior Street Address (Physical Location)</small></p> <p>_____ <small>If Relocation or Correction, Prior City and County</small></p> <p>_____ <small>If Relocation or Correction, Prior State, Country, and Zip/Postal Code</small></p> <p>5. <u>Northern State Bank</u> ← <i>Bank A—Purchaser</i> <small>Head Office Legal Name</small></p> <p><u>Sacramento, CA, United States 95820</u> <small>City, State, Country, and Zip/Postal Code</small></p> <p>6. For Event Types Sale of Branches or Purchase of Branches, provide the name and address of the other domestic depository institution involved in the transaction and the number of branches sold or purchased:</p> <p><u>Columbus National Bank</u> ← <i>Bank B—Seller</i> <small>Name of Other Depository Institution that Sold or Purchased Branches</small></p> <p><u>Benecia, CA, United States 94510</u> <small>City, State, Country and Zip/Postal Code</small></p> <p style="text-align: right;"><u>3</u> <small>Number of Branches Sold or Purchased</small></p> <p style="color: green; margin-top: 10px;">Provide the number of branches only when reporting the following types of transactions:</p> <ul style="list-style-type: none"> • Sale of branches through a partial purchase and assumption transaction; or • Purchase of branches through a partial purchase and assumption transaction. <p style="color: green; margin-top: 10px;">For purposes of reporting the Domestic Branch Schedule, a PARTIAL PURCHASE AND ASSUMPTION TRANSACTION is defined as the sale or purchase of one or more branches, but not all branches, to or from another depository institution. For example, Bank A is engaging in a partial purchase and assumption transaction when it purchases three of ten branches from Bank B.</p>		<input type="checkbox"/> Opening (De Novo)	<input checked="" type="checkbox"/> Purchase of Branches	<input type="checkbox"/> Acquisition of Branches Through Merger/Absorption	<input type="checkbox"/> Sale of Branches	<input type="checkbox"/> Closure	<input type="checkbox"/> Relocation	<input type="checkbox"/> Name Change	<input type="checkbox"/> Change in Service Type	<input type="checkbox"/> Deletion of Erroneously Reported Branch/Office	<input type="checkbox"/> Other, please describe event type: _____			<input checked="" type="checkbox"/> Full Service	<input type="checkbox"/> Limited Service	<input type="checkbox"/> Trust	<input type="checkbox"/> Electronic Banking
<input type="checkbox"/> Opening (De Novo)	<input checked="" type="checkbox"/> Purchase of Branches	<input type="checkbox"/> Acquisition of Branches Through Merger/Absorption															
<input type="checkbox"/> Sale of Branches	<input type="checkbox"/> Closure	<input type="checkbox"/> Relocation															
<input type="checkbox"/> Name Change	<input type="checkbox"/> Change in Service Type	<input type="checkbox"/> Deletion of Erroneously Reported Branch/Office															
<input type="checkbox"/> Other, please describe event type: _____																	
<input checked="" type="checkbox"/> Full Service	<input type="checkbox"/> Limited Service	<input type="checkbox"/> Trust	<input type="checkbox"/> Electronic Banking														
Example: 146.02-2 / DBUB	FR Y-10 ONLINE — December 2011 —																

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

U.S. Banking Organization Domestic Branch Purchase or Sale—continued

➤ Example 2: A Depository Institution Purchases Multiple Branches from Another Depository Institution—continued

Schedule 3 of 3 used to report the Purchase of Branches

For Federal Reserve Bank Use Only

ID_RSSD _____

County, State and Country Code _____

ID_RSSD_HD_OFF _____

City and Country Code _____

Domestic Branch Schedule

Use this schedule to report information on:

- Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly by top-tier BHCs and state member banks that are not affiliated with a BHC; and,
- Branches of Edge and agreement corporations.

Check box if correction:

1.a. Event Type (check all that apply):

Opening (De Novo) Purchase of Branches Acquisition of Branches Through Merger/Absorption

Sale of Branches Closure Relocation

Name Change Change in Service Type Deletion of Erroneously Reported Branch/Office

Other, please describe event type: _____

1.b. Date of Event: 03/11/yyyy
(MM/DD/YYYY)

Characteristics Section

2. Check applicable service type:

Full Service Limited Service Trust Electronic Banking

3.a. San Francisco Downtown Branch
Popular Name

3.b. _____
Popular Name

4.a. Current Address

360 Embarcadero Avenue
Current Street Address (Physical Location)

San Francisco, San Francisco
City and Country

CA, United States 94111
State, Country, and Zip/Postal Code

4.b. Previous Address (if changes have occurred):

If Relocation or Correction, Prior Street Address (Physical Location)

If Relocation or Correction, Prior City and Country

If Relocation or Correction, Prior State, Country, and Zip/Postal Code

5. Northern State Bank ← Bank A—Purchaser
Head Office Legal Name

Sacramento, CA, United States 95820
City, State, Country, and Zip/Postal Code

6. For Event Types Sale of Branches or Purchase of Branches, provide the name and address of the other domestic depository institution involved in the transaction and the number of branches sold or purchased:

Columbus National Bank ← Bank B—Seller
Name of Other Depository Institution that Sold or Purchased Branches

Benecia, CA, United States 94510
City, State, Country and Zip/Postal Code

3
Number of Branches Sold or Purchased

Provide the number of branches **only when** reporting the following types of transactions:

- Sale of branches through a partial purchase and assumption transaction; or
- Purchase of branches through a partial purchase and assumption transaction.

For purposes of reporting the Domestic Branch Schedule, a PARTIAL PURCHASE AND ASSUMPTION TRANSACTION is defined as the sale or purchase of one or more branches, but not all branches, to or from another depository institution. For example, Bank A is engaging in a partial purchase and assumption transaction when it purchases three of ten branches from Bank B.

Example: 146.02-3 / DBUB FR Y-10 ONLINE
— December 2011 —

As indicated in the previous page, each branch that was purchased must be identified and reported.

U.S. Banking Organization Domestic Branch Closing

This FR Y-10 Online event selection assists with the filing of the Domestic Branch Schedule.

In this example, Local Legacy Bank closed its Northside Parkway Office effective March 11, YYYY.

For Federal Reserve Bank Use Only

ID_RSSD _____

County, State and Country Code _____

ID_RSSD_HD_OFF _____

City and Country Code _____

Domestic Branch Schedule

Use this schedule to report information on:

- Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly by top-tier BHCs and state member banks that are not affiliated with a BHC; and,
- Branches of Edge and agreement corporations.

Check box if correction:

1.a. Event Type (check all that apply):

Opening (De Novo)
 Purchase of Branches
 Acquisition of Branches Through Merger/Absorption
 Sale of Branches
 Closure
 Relocation
 Name Change
 Change in Service Type
 Deletion of Erroneously Reported Branch/Office
 Other, please describe event type: _____

1.b. Date of Event: 03/11/YYYY
(MM/DD/YYYY)

Characteristics Section

2. Check applicable service type:

Full Service
 Limited Service
 Trust
 Electronic Banking

3.a. Northside Parkway Office
Popular Name

3.b. _____
Popular Name

4.a. Current Address

4500 Northside Parkway Northwest
Current Street Address (Physical Location)

Atlanta, Fulton
City and County

GA, United States 30327
State, Country, and Zip/Postal Code

4.b. Previous Address (if changes have occurred):

If Relocation or Correction, Prior Street Address (Physical Location)

If Relocation or Correction, Prior City and County

If Relocation or Correction, Prior State, Country, and Zip/Postal Code

5. Local Legacy Bank
Head Office Legal Name

San Francisco, CA, United States 94105
City, State, Country, and Zip/Postal Code

6. For Event Types Sale of Branches or Purchase of Branches, provide the name and address of the other domestic depository institution involved in the transaction and the number of branches sold or purchased:

Name of Other Depository Institution that Sold or Purchased Branches

Number of Branches Sold or Purchased

City, State, Country and Zip/Postal Code

Example: 147.01 / DBUB

FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

U.S. Banking Organization Domestic Branch–Other

➤ **Example 1: A Domestic Branch of a U.S. Depository Institution has a Change in Service Type, Popular Name, and Location**

This FR Y-10 Online event selection assists with the filing of the Domestic Branch Schedule.

In this example, the Addams Place Branch of New World Banking Inc. changed its service type from *Full Service* to *Limited Service*. At the same time, the branch relocated and changed its popular name. All three events were effective on March 15, YYYY (open of business).

For Federal Reserve Bank Use Only

ID_RSSD _____

County, State and Country Code _____

ID_RSSD_HD_OFF _____

City and Country Code _____

Domestic Branch Schedule

Use this schedule to report information on:

- Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly by top-tier BHCs and state member banks that are not affiliated with a BHC; and,
- Branches of Edge and agreement corporations.

Check box if correction:

1.a. Event Type (check all that apply):

Opening (De Novo) Purchase of Branches Acquisition of Branches Through Merger/Absorption

Sale of Branches Closure Relocation

Name Change Change in Service Type Deletion of Erroneously Reported Branch/Office

Other, please describe event type: _____

1.b. Date of Event: 03/15/YYYY
(MM/DD/YYYY)

Characteristics Section

2. Check applicable service type:

Full Service Limited Service Trust Electronic Banking

3.a. Lincoln Center Branch
Popular Name

3.b. Addams Place Branch
Popular Name

4.a. Current Address

50 Lincoln Center Plaza
Current Street Address (Physical Location)

New York, New York
City and County

NY, United States, 10023
State, Country, and Zip/Postal Code

4.b. Previous Address (if changes have occurred):

99 Addams Place
If Relocation or Correction, Prior Street Address (Physical Location)

New York, New York
If Relocation or Correction, Prior City and County

NY, United States, 10038
If Relocation or Correction, Prior State, Country, and Zip/Postal Code

5. New World Banking Inc.
Head Office Legal Name

New York, NY, United States, 10025
City, State, Country, and Zip/Postal Code

6. For Event Types Sale of Branches or Purchase of Branches, provide the name and address of the other domestic depository institution involved in the transaction and the number of branches sold or purchased:

Name of Other Depository Institution that Sold or Purchased Branches

Number of Branches Sold or Purchased

City, State, Country and Zip/Postal Code

Example: 142.01 / DBUB

FR Y-10 ONLINE
— December 2011 —

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

U.S. Banking Organization Domestic Branch—Other—continued

➤ **Example 2: A Branch Opening Was Erroneously Reported, and a Correction Was Subsequently Submitted**

In this example, Ellis Bank of New York erroneously reported a domestic branch opening on April 01, YYYY (see Submission 1).

After realizing the error, the reporter subsequently submitted a correction on April 07, YYYY.

**Correction of
a Previously Submitted Event**

If *U.S. Banking Organization Domestic Branch—Other* (or the *Blank Domestic Branch Schedule*) was used to create the original submission, use the Correction feature in FR Y-10 Online to facilitate this correction reporting:

1. Find the event in *Previously Submitted Reports*.
2. Select the event, and
3. Click the *Correct* button.

Multiple events may be selected simultaneously.

The FR Y-10 Online application will automatically create a report containing a copy of each event selected. Each event will be issued a unique event number but will be tied to its original event confirmation number. By default, the *Correction* box will be checked, since you are making a correction to a previously submitted event.

If you can also create the correction event manually, but the new event will not be tied to the original submission.

See Submission 2 on the next page.

Submission 1—Original reporting of a branch opening, which was accidentally submitted on April 01, YYYY

For Federal Reserve Bank Use Only ID_RSSD _____ County, State and Country Code _____ ID_RSSD_HD_OFF _____ City and Country Code _____	
Domestic Branch Schedule Use this schedule to report information on:	
1. Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly by top-tier BHCs and state member banks that are not affiliated with a BHC; and,	
2. Branches of Edge and agreement corporations.	
Check box if correction: <input type="checkbox"/>	
1.a. Event Type (check all that apply):	1.b. Date of Event: <u>04/01/YYYY</u> <small>(MM/DD/YYYY)</small>
<input checked="" type="checkbox"/> Opening (De Novo) <input type="checkbox"/> Purchase of Branches <input type="checkbox"/> Acquisition of Branches Through Merger/Absorption <input type="checkbox"/> Sale of Branches <input type="checkbox"/> Closure <input type="checkbox"/> Relocation <input type="checkbox"/> Name Change <input type="checkbox"/> Change in Service Type <input type="checkbox"/> Deletion of Erroneously Reported Branch/Office <input type="checkbox"/> Other, please describe event type: _____	
Characteristics Section	
2. Check applicable service type:	
<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> Limited Service <input type="checkbox"/> Trust <input type="checkbox"/> Electronic Banking	
3.a. <u>Liberty Street Branch</u> <small>Popular Name</small>	3.b. _____ <small>Popular Name</small>
4.a. Current Address <u>104 Liberty Street</u> <small>Current Street Address (Physical Location)</small> <u>New York, New York</u> <small>City and County</small> <u>NY, United States, 10045</u> <small>State, Country, and Zip/Postal Code</small>	4.b. Previous Address (if changes have occurred): _____ <small>If Relocation or Correction, Prior Street Address (Physical Location)</small> _____ <small>If Relocation or Correction, Prior City and County</small> _____ <small>If Relocation or Correction, Prior State, Country, and Zip/Postal Code</small>
5. <u>Ellis Bank of New York</u> <small>Head Office Legal Name</small> <u>New York, NY, United States, 10003</u> <small>City, State, Country, and Zip/Postal Code</small>	
6. For Event Types Sale of Branches or Purchase of Branches, provide the name and address of the other domestic depository institution involved in the transaction and the number of branches sold or purchased:	
_____ <small>Name of Other Depository Institution that Sold or Purchased Branches</small> _____ <small>City, State, Country and Zip/Postal Code</small>	_____ <small>Number of Branches Sold or Purchased</small>
<small>Example: 142.02-1 / DBUB</small>	
<small>FR Y-10 ONLINE — December 2011 —</small>	

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

U.S. Banking Organization Domestic Branch—Other—continued

➤ **Example 2: A Branch Opening Was Erroneously Reported, and a Correction Was Subsequently Submitted**
—continued

Submission 2—Subsequent submission to report the erroneously reported branch (correction submitted on April 07, YYYY)

- To report the deletion of a erroneously reported branch/office:
1. Create a Domestic Branch schedule identical to the original submission
 2. Check the **CORRECTION** box, and
 3. Check the **DELETION OF A ERRONEOUSLY REPORTED BRANCH/OFFICE** box

For Federal Reserve Bank Use Only	
ID_RSSD	_____
County, State and Country Code	_____
ID_RSSD_HD_OFF	_____
City and Country Code	_____

Domestic Branch Schedule

Use this schedule to report information on:

1. Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly by top-tier BHCs and state member banks that are not affiliated with a BHC; and
2. Branches of Edge and agreement corporations.

Check box if correction:

1.a. Event Type (check all that apply):

1.b. Date of Event: 04/01/YYYY
(MM/DD/YYYY)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Opening (De Novo) | <input type="checkbox"/> Purchase of Branches | <input type="checkbox"/> Acquisition of Branches Through Merger/Absorption |
| <input type="checkbox"/> Sale of Branches | <input type="checkbox"/> Closure | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Name Change | <input type="checkbox"/> Change in Service Type | <input checked="" type="checkbox"/> Deletion of Erroneously Reported Branch/Office |
| <input type="checkbox"/> Other, please describe event type: _____ | | |

Characteristics Section

2. Check applicable service type:

- Full Service Limited Service Trust Electronic Banking

3.a. Popular Name _____

3.b. 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 _____

6. For Event Types Sale of Branches or Purchase of Branches, provide the name and address of the other domestic depository institution involved in the transaction and the number of branches sold or purchased:

Name of Other Depository Institution that Sold or Purchased Branches _____

Number of Branches Sold or Purchased _____

City, State, Country and Zip/Postal Code _____

The deletion of erroneously reported branch/office can be reported on the Domestic Branch Schedule.

Submission 2—the correction to a previously submitted event—should contain the original information that was submitted on April 01, YYYY, plus two additional checkmarks, as illustrated.