

# Board of Governors of the Federal Reserve System



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

### Cover Page

Submission Date \_\_\_\_\_  
(MM/DD/YYYY)

### Reporter's Name, Street, and Mailing Address

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/County

\_\_\_\_\_  
State/Province, Country

\_\_\_\_\_  
Zip/Postal Code

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

\_\_\_\_\_  
Mailing City

\_\_\_\_\_  
Mailing State/Province, Country

\_\_\_\_\_  
Zip/Postal Code

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

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Phone Number (Include area code and if applicable, the extension)

\_\_\_\_\_  
Fax Number (Include area code)

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Contact's Mailing Address (if different from above)

\_\_\_\_\_  
Mailing City

\_\_\_\_\_  
Mailing State/Province, Country

\_\_\_\_\_  
Zip/Postal Code

### Authorized Officer

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

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

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Date of Signature

Public reporting burden for the information collection is estimated to average 1 hour per response, including time to gather and maintain the data and complete the information collection. The Federal Reserve may not conduct or sponsor, and a person is not required to respond to any information collection unless it displays a currently valid OMB control number. Comments regarding this estimate or any other aspects of this information burden may be sent to Secretary, Board of Governors of the Federal Reserve System, Washington, D.C. 20551, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

This report is required by law: Sections 4(k) and 5(c)(1)(A) of the Bank Holding Company Act (12 U.S.C. §§ 1843(k), 1844(c)(1)(A)); Section 8(a) of the International Banking Act (12 U.S.C. § 3106(a)); Sections 11(a)(1), 25(7) and 25A of the Federal Reserve Act (12 U.S.C. §§ 248(a)(1), 602, and 611a); Section 211.13(c) of Regulation K (12 CFR 211.13(c)); and Sections 225.5(b) and 225.87 of Regulation Y (12 CFR 225.5(b) and 225.87).

FRB Use Only
ID_RSSD _____

# 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 BHC or bank organized under U.S. law.

Check box if correction:

1.a. Event Type (check one or more):

Acquisition of a Going Concern  
 De Novo Formation  
 External Transfer  
 Internal Transfer

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

No Longer Reportable  
 Became Inactive  
 Debts Previously Contracted

Other, please describe: \_\_\_\_\_

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

## Characteristics Section

2.a. \_\_\_\_\_  
Legal Name of Banking Company

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

3.a. \_\_\_\_\_  
Current Street Address

3.b. \_\_\_\_\_  
If Relocation or Correction, Prior Street Address

\_\_\_\_\_  
City and County

\_\_\_\_\_  
If Relocation or Correction, Prior City and County

\_\_\_\_\_  
State/Province, Country, and ZIP/Postal Code

\_\_\_\_\_  
If Relocation or Correction, Prior State/Province, Country, and ZIP/Postal Code

4. Date Opened: \_\_\_\_\_  
(MM/DD/YYYY)

5. Fiscal Year End (BHCs Only): \_\_\_\_\_  
(MM/DD)

6. Banking Company Type:  BHC  U.S. Commercial Bank  U.S. State Chartered Savings Bank  FBO

If other, please describe: \_\_\_\_\_

7. Business Organization Type:  Corporation  General Partnership  Limited Partnership  
 Business Trust  Sole Proprietorship  Mutual  
 Cooperative  Limited Liability Partnership  Limited Liability Co./Corp.

If other, please describe: \_\_\_\_\_

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

## Ownership Section

9. Direct Holder's Name and Location: \_\_\_\_\_  
Legal Name City, State/Province, Country

10.a. Direct Holder's Percentage of a Class of Voting Shares: \_\_\_\_\_%

10.b. Direct Holder's Percentage of Nonvoting Equity: \_\_\_\_\_%

10.c. Direct Holder's Other Interest:  Yes  No

10.d. Control by Direct Holder:  Yes  No

10.e. Control by Reporter:  Yes  No

11. Former Direct Holder's Name and Location: \_\_\_\_\_  
Legal Name of Former Direct Holder City, State/Province, Country

## Activity and Legal Authority Section (for list of FRS legal authority and NAICS activity codes, see Appendices A and B of the Instructions)

Activity Type	FRS Legal Authority Code	NAICS Activity Code	Description of Activity
12.a. Primary Activity	_____	_____	_____
12.b. Secondary Activity (BHCs and FBOs only)	_____	_____	_____
12.c. Termination of Activity	_____	_____	_____

FRB Use Only

ID\_RSSD\_E1 (direct holder) \_\_\_\_\_

ID\_RSSD\_E2 (reportable company) \_\_\_\_\_

If applicable, former d/h \_\_\_\_\_

# Nonbanking Schedule

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

Check box if correction:

1.a. Event Type (check one or more):

1.b. Date of Event: \_\_\_\_\_

(MM/DD/YYYY)

- Acquisition of a Going Concern
- De Novo Formation
- External Transfer
- Internal Transfer

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

- No Longer Reportable
- Became Inactive

Other, please describe: \_\_\_\_\_

## Characteristics Section

2.a. \_\_\_\_\_  
Legal Name of Nonbanking Company

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

3.a. \_\_\_\_\_  
City and County

3.b. \_\_\_\_\_  
If Relocation or Correction, Prior City and County

State/Province, Country, and ZIP/Postal Code

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

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

- Not applicable
- CFTC only
- SEC and CFTC
- State Securities Department
- SEC Only
- State Insurance Regulator

5. Is the Nonbanking Company a Financial Subsidiary of an insured Depository Institution?

- Yes
- No

6. Nonbanking Company Type (see instructions for list): \_\_\_\_\_

If other, please describe business activity: \_\_\_\_\_

7. Business Organization Type:

- Corporation
- Business Trust
- Cooperative
- General Partnership
- Sole Proprietorship
- Limited Liability Partnership
- Limited Partnership
- Mutual
- Limited Liability Co./Corp.

If other, please describe: \_\_\_\_\_

8. Is the Nonbanking Company consolidated in the reporter's financial statements?  Yes  No

## Ownership Section

9. Direct Holder's Name and Location: \_\_\_\_\_  
Legal Name City, State/Province, Country

10.a. Direct Holder's Percentage of a Class of Voting Shares:

- 80% or more
- <25% but 25% or more in the aggregate or otherwise controlled elsewhere within the organization
- >50% to <80%
- 25% to 50%

10.b. Direct Holder's Other Interest:  Yes  No

10.c. Control by Direct Holder:  Yes  No

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

11. Former Direct Holder's Name and Location:

Legal Name of Former Direct Holder

City, State/Province, Country

## Activity and Legal Authority Section (for list of FRS legal authority and NAICS activity codes, see Appendices A and B of the Instructions)

Activity Type	FRS Legal Authority Code	NAICS Activity Code	Description of Activity
---------------	--------------------------	---------------------	-------------------------

12.a. Primary Activity \_\_\_\_\_

12.b. Secondary Activity \_\_\_\_\_

12.c. Termination of Activity \_\_\_\_\_

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

# 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. Date of Event: \_\_\_\_\_  
(MM/DD/YYYY)

2. Survivor: \_\_\_\_\_  
Legal Name

\_\_\_\_\_  
City, State/Province, Country

3. Nonsurvivor: \_\_\_\_\_  
Legal Name

\_\_\_\_\_  
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

FRB Use Only
ID_RSSD_E1 (ns) _____
ID_RSSD_E2 (s) _____

# 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: \_\_\_\_\_  
(MM/DD/YYYY)

- New Activity Commenced Through an Existing Subsidiary
- New Activity Commenced Through Acquisition of a Going Concern
- New Activity Commenced Through a De Novo Formation
- Acquisition of a Going Concern **without** a New Activity
- De Novo Formation **without** a New Activity

2. New Activities Commenced

Item 2 is only reportable for new activities. For the event type checked in item 1.a, report the FRS legal authority code and the NAICS activity code for each new activity. If applicable, provide the description of 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 merchant banking or insurance company investments when the FHC acquires more than 5 percent of a Non-banking Company's voting shares or total equity or assets and the initial aggregate cost of the investment exceeds 1) \$200 million; or 2) 5 percent of tier 1 capital, whichever is less.

1. 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 interest in A, B, or C, as applicable.

- a. \_\_\_\_\_ % Voting Securities
- b. \_\_\_\_\_ % Total Equity
- c. \_\_\_\_\_ % Assets

5. Initial Aggregate Cost of Investment: \$ \_\_\_\_\_ (in millions of U.S. dollars)

FRB Use Only	
ID_RSSD_TOP (top tier BHC)	_____
ID_RSSD_E1 (direct holder)	_____
ID_RSSD_E2 (reportable company)	_____