

Board of Governors of the Federal Reserve System



Report of Changes in FBO Organizational Structure—FR Y-10F

Cover Page

Reporter's Name and Address

Legal Name

Street Address

City

State/Province

Country

Zip/Postal Code

Submission Date

MM / DD / YYYY

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

Mailing City

Mailing State/Province, Country, Zip/Postal Code

Contact's Name and Mailing Address for this Report

Name and Title

Phone Number

Fax Number

E-mail Address

Contact's Mailing Address (if different from above)

Mailing City

Mailing State/Province, Country, Zip/Postal Code

Authorized Officer

I, _____,
Printed Name & Title

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

Signature of Officer

Date of Signature

Public reporting burden for the information collection is estimated to average 1.25 hours per response, including time to gather and maintain the data and complete the information collection. The Federal Reserve may not conduct or sponsor, and a person is not required to respond to an information collection unless it displays a currently valid OMB control number. Comments regarding this estimate or any other aspects of this information burden may be sent to Secretary, Board of Governors of the Federal Reserve System, Washington, D.C. 20551, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

This report is required by law: Section 5(c) of the Bank Holding Company Act (12 U.S.C. 1844(c)), Section 7 and 13(a) of the International Banking Act of 1978 (12 U.S.C. 3106 and 3108 (a)), Section 25 of the Federal Reserve Act (FRA) (12 U.S.C. 601-604a), Section 25A of the FRA (12 U.S.C. 611-631), Regulation K (12 CFR part 211), and Regulation Y (12 CFR part 225).

Does the reporter request confidential treatment for any portion of this submission of the FRY-10F?

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

No

FRB Use Only

ID_RSSD _____

Characteristics Schedule

Use this schedule to report: (a) characteristics information of an FBO filing for the first time, (b) the initial establishment of a relationship between an existing FBO and a reportable entity, and (c) all changes to characteristics information for any reportable entity other than a U.S. branch, agency, or representative office, or managed non-U.S. branch of an FBO. Do not report companies held pursuant to Section 211.23(f)(4) or (5) of Regulation K and companies owned or controlled by U.S. BHCs. For a complete list of exclusions please see the general instructions.

Check one: Initial Update Correction

Section A—Name and Address of the Reportable Company

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

Section B—Other Characteristics of the Reportable Company

Item 1 is required for FBOs, BHCs, and depository institutions only:

1. Date Opened/Became Reportable (MM/DD/YYYY) _____

Item 2 is required for FBOs only:

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

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

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

Items 5 and 6 are required for nonbanking companies only:

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

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

FRB Use Only	
ID_RSSD	_____
CNTRY_CD	_____

Investments and Activities Schedule

Use this schedule to report all acquisitions, divestitures, transfers, and liquidations of all reportable entities. The commencement or cessation of a business activity by a reportable entity, and the cessation of reportability of entities whose direct parents are no longer controlled should be reported on this schedule. Do not report companies held pursuant to Section 211.23(f)(4) or (5) of Regulation K and companies owned or controlled by U.S. BHCs. For a complete list of exclusions please see the general instructions.

Check one: Initial Update Correction

Section A—Direct Holder and Reportable Company

1. **Direct Holder (Parent Name and Location)**
- Legal Name _____
- City _____ State/Province _____ Country _____
2. **Reportable Company Name and Location**
- Legal Name _____
- City _____ State/Province _____ Country _____

Section B—Investments

1. Transaction Type (check one)
- Change in ownership/control No longer reportable Transfer within the reporter's organizational structure
- Commencement Sale Other, please describe _____
- Liquidation
2. Transaction Date (MM/DD/YYYY) _____
3. If the transaction type is Transfer within the reporter's organizational structure, please list below the name and location of the former direct holder.

Legal Name _____

City _____ State/Province _____ Country _____

4. Ownership/Control by the Direct Holder:

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

Continue to page 4 for Sections C and D

Investments and Activities Schedule—Continued

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

Section C—Reportable merchant banking and insurance company investments

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

Section D—Activities

For FRS Activity Codes, see Appendix B of the instructions

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

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ID_RSSD_E1	_____
ID_RSSD_E2	_____

Merger Schedule

If the merger involved more than one nonsurvivor, complete a separate merger schedule for each nonsurvivor. Also, complete as appropriate an Investments and Activities Schedule and a Characteristics Schedule if there are related organizational changes. Exclude all companies held pursuant to Section 211.23(f)(4) or (5) of Regulation K. Also exclude companies owned or controlled by U.S. BHCs.

Check one: Initial Correction

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

2. **Survivor Name and Location**

Legal Name

City State/Province Country

3. **Nonsurvivor Name and Location**

Legal Name

City State/Province Country

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

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

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ID_RSSD_E2 (s) _____
ID_RSSD_E1 (ns) _____

Branch, Agency, and Representative Office Schedule

Use this schedule to report any change in the organizational structure of U.S. branches, agencies, representative offices, and managed non-U.S. branches of FBOs. Report all offices, including inactive offices that continue to retain their license.

Check one: Initial Update Correction

1.a. _____
Legal Name of Branch, Agency, or Representative Office

1.b. Establishment Type
 U.S. Branch U.S. Agency U.S. Representative Office Managed non-U.S. Branch

1.c. _____
Effective date, if reporting an update or correction of establishment type

2.a. Current Information

Street Address

City

County

State/Province

Country

Zip/Postal Code

2.b. Previous Information (if changes have occurred)

Street Address

City

County

State/Province

Country

Zip/Postal Code

2.c. _____
Effective Date of Relocation

3. _____
Head Office Legal Name

4. _____
Date the license of the branch, agency or representative office was issued

5. _____
Date Opened

6. _____
Date the branch, agency or representative office became inactive

7. _____
Date the license of the branch, agency or representative office was surrendered

FRB Use Only	
ID_RSSD	_____
CNTRY_CD	_____
ID_RSSD_HD_OFF	_____