

Board of Governors of the Federal Reserve System



Sample 1

Report of Changes in Organizational Structure - FR Y-10

Cover Page

Submission Date **07/23/2007**
(MM/DD/YYYY)

Reporter's Name, Street and Mailing Address

New Kingsland Banking Company

123 Prince Street

London

England

EC2Y 5AJ

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

Mailing City

Mailing State/Province, Country

December 27, 2006
DRAFT
Effective June 30, 2007

Contact's Name and Mailing Address for this Report

John Smith, Vice President

(212) 487-6543

Phone Number (include area code and if applicable, the extension)

(212) 487-1247

Fax Number (include area code)

JSMITH@NKBC.Com

E-mail Address

1 Wall Street

Contact's Mailing Address (if different from reporter's)

New York

Mailing City

NY, USA

10005

Mailing State/Province, Country

Zip/Postal Code

Authorized Official

I, _____
Printed Name & Title

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

Filed Electronically

Signature of Authorized Official

Date of Signature

Does the reporter request confidential treatment for any portion of this submission?

Yes

Please identify the report schedule(s) and item(s) to which this request applies: _____

- In accordance with the instructions on page GEN-2, a letter justifying the request is being provided.
- The information for which confidential treatment is sought is being submitted separately and labeled "Confidential."

No

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.

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), 321, 601, 611a and 615); 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 _____

FRB Use Only	
ID_RSSD	_____
County, State & 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 top-tier and subsidiary Foreign Banking Organizations.

Report all offices, including inactive offices that continue to retain their license.

Check box if correction:

1.a Event Type (check one only):

1.b Date of Event :

07/01/2007

(MM/DD/YYYY)

Opening

License Issued

Relocation

Change in Office Type

Became Inactive

License Surrendered

Commenced Activities Through
Managed Non-U.S. Branch

Ceased Activities Through
Managed Non-U.S. Branch

If Other, please describe event type: _____

DRAFT
December 27, 2006
Effective June 30, 2007

Characteristics Section

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

Branch

Agency

Representative Office

3. **Stamford Branch**

Popular Name

4.a Current Address

4.b Previous Address (if changes have occurred)

100 Main Street

Current Street Address

Stamford, Fairfield

City and County

CT, USA 06901

State, Country, and Zip/Postal Code

If Relocation or Correction, Prior Street Address

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 EC2Y 5AJ

City, Province, Country and Zip/Postal Code

FRB Use Only	
ID_RSSD	_____
County, State & 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 top-tier and subsidiary Foreign Banking Organizations.

Report all offices, including inactive offices that continue to retain their license.

Check box if correction:

1.a Event Type (check one only):

1.b Date of Event :

07/01/2007

(MM/DD/YYYY)

Opening

License Issued

Relocation

Change in Office Type

Became Inactive

License Surrendered

Commenced Activities Through
Managed Non-U.S. Branch

Ceased Activities Through
Managed Non-U.S. Branch

If Other, please describe event type: _____

December 27, 2006
DRAFT
Effective June 30, 2007

Characteristics Section

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

Branch

Agency

Representative Office

3. **New York Rep Office**

Popular Name

4.a Current Address

4.b Previous Address (if changes have occurred)

400 Maiden Lane

Current Street Address

If Relocation or Correction, Prior Street Address

New York, New York

City and County

If Relocation or Correction, Prior City and County

NY, USA 10045

State, Country, and Zip/Postal Code

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

5. **New Kingsland Banking Company**

Head Office Legal Name

London, England EC2Y 5AJ

City, Province, Country and Zip/Postal Code

Board of Governors of the Federal Reserve System

Sample 2



Report of Changes in Organizational Structure - FR Y-10

Cover Page

Submission Date **08/03/2007**
(MM/DD/YYYY)

Reporter's Name, Street and Mailing Address

New Kingsland Banking Company

123 Prince Street

London

England

EC2Y 5AJ

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

Mailing City

Mailing State/Province, Country

Zip/Postal Code

December 27, 2006
DRAFT
Effective June 30, 2007

Contact's Name and Mailing Address for this Report

John Smith, Vice President

(212) 487-6543

Phone Number (include area code and if applicable, the extension)

(212) 487-1247

Fax Number (include area code)

JSMITH@NKBC.Com

E-mail Address

1 Wall Street

Contact's Mailing Address (if different from reporter's)

New York

Mailing City

NY, USA

10005

Mailing State/Province, Country

Zip/Postal Code

Authorized Official

I, _____
Printed Name & Title

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

Filed Electronically

Signature of Authorized Official

Date of Signature

Does the reporter request confidential treatment for any portion of this submission?

Yes

Please identify the report schedule(s) and item(s) to which this request applies: _____

- In accordance with the instructions on page GEN-2, a letter justifying the request is being provided.
- The information for which confidential treatment is sought is being submitted separately and labeled "Confidential."

No

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.

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), 321, 601, 611a and 615); 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 _____

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

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.

Check box if correction:

- 1.a Event Type (check one or more):
- 1.b Date of Event : **07/15/2007**
(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"/> Became Reportable |
| <input type="checkbox"/> Internal Transfer | <input type="checkbox"/> Change in Activity or Legal Authority | |
| <input type="checkbox"/> If other, please describe: _____ | | |

DRAFT

Effective January 30, 2007

Effective June 30, 2007

Characteristics Section

- 2.a **New Kingsland Holdings I**
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
- 3.b _____
If Relocation or Correction, Prior City and County
- 3.a **NY, USA 10045**
State/Province, Country, and Zip/Postal Code
- 3.b _____
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:
- | | | |
|--|--|--|
| <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. Nonbanking Company Type (see instructions for list): **Other Holding Company**
 If other, please describe: _____
9. 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: _____
10. 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)

11. Direct Holder's Name and Location: **New Kingsland Banking Company London, England**
 Legal Name City, State/Province, Country
- 12.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
- 12.b Other Interest: Yes No
13. Control by Direct Holder: Yes No
14. Regulation K, Subpart A Investments: Portfolio Investment Joint Venture Subsidiary
15. 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 and NAICS activity codes, see Appendices A and B of the Instructions)

Activity Type	FRS Legal Authority Code	NAICS Activity Code	Description of Activity
16.a Primary Activity	17	551112	
16.b Secondary Activity			
16.c Termination of Activity			

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

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.

Check box if correction:

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

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

1.b Date of Event: **07/15/2007**
(MM/DD/YYYY)

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

No Longer Reportable
 Became Inactive
 Became Reportable

DRAFT
 Effective January 30, 2007
 Effective June 30, 2007

Characteristics Section

2.a **New Kingsland Holdings II**
Legal Name of Nonbanking Company

3.a **New York, New York**
City and County

NY, USA 10045
State/Province, Country, and Zip/Postal Code

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

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

4. If the Nonbanking Company is a Functionally Regulated Subsidiary, indicate its functional regulator:
 Not Applicable SEC and CFTC SEC Only
 CFTC Only State Securities Department 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. Nonbanking Company Type (see instructions for list): **Other Holding Company**
 If other, please describe: _____

9. 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: _____

10. 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)

11. Direct Holder's Name and Location: **New Kingsland Banking Company London, England**
Legal Name City, State/Province, Country

12.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

12.b Other Interest: Yes No

13. Control by Direct Holder: Yes No

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

15. 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 and NAICS activity codes, see Appendices A and B of the Instructions)

Activity Type	FRS Legal Authority Code	NAICS Activity Code	Description of Activity
16.a Primary Activity	17	551112	_____
16.b Secondary Activity	_____	_____	_____
16.c Termination of Activity	_____	_____	_____

FRB Use Only	
ID_RSSD_E1 (direct holder)	
ID_RSSD_E2 (reportable company)	
If applicable, former dth	

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.

Check box if correction:

- 1.a Event Type (check one or more):
- Acquisition of a Going Concern Change in Ownership No Longer Reportable
- De Novo Formation Liquidation Became Inactive
- External Transfer Change in Characteristics Became Reportable
- Internal Transfer Change in Activity or Legal Authority
- If other, please describe: _____

1.b Date of Event : 07/15/2007
(MM/DD/YYYY)

DRAFT
January 30, 2007
Effective June 30, 2007

Characteristics Section

- 2.a New Kingsland Investments LLC
Legal Name of Nonbanking Company
- 3.a New York, New York
City and County
- NY, USA 10045
State/Province, Country, and Zip/Postal Code
- 3.b _____
If Relocation or Correction, Prior City and County
4. If the Nonbanking Company is a Functionally Regulated Subsidiary, indicate its functional regulator:
- Not Applicable SEC and CFTC SEC Only
- CFTC Only State Securities Department 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. Nonbanking Company Type (see instructions for list): Other Company
- If other, please describe: Provides Investment Advice
9. 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: _____
10. 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)

11. Direct Holder's Name and Location: New Kingsland Banking Company London, England
Legal Name City, State/Province, Country
- 12.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
- 12.b Other Interest: Yes No
13. Control by Direct Holder: Yes No
14. Regulation K, Subpart A Investments: Portfolio Investment Joint Venture Subsidiary
15. 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 and NAICS activity codes, see Appendices A and B of the Instructions)

Activity Type	FRS Legal Authority Code	NAICS Activity Code	Description of Activity
16.a Primary Activity	<u>26</u>	<u>52393</u>	
16.b Secondary Activity			
16.c Termination of Activity			

Board of Governors of the Federal Reserve System



Sample 3

Report of Changes in Organizational Structure - FR Y-10

Cover Page

Submission Date **09/30/2007**
(MM/DD/YYYY)

Reporter's Name, Street and Mailing Address

New Kingsland Banking Company

123 Prince Street

London

England

EC2Y 5AJ

State/Province, Country

Zip/Postal Code

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

Mailing City

Mailing State/Province, Country

Zip/Postal Code

December 27, 2006
DRAFT
Effective June 30, 2007

Contact's Name and Mailing Address for this Report

John Smith, Vice President

(212) 487-6543

Phone Number (include area code and if applicable, the extension)

(212) 487-1247

Fax Number (include area code)

JSMITH@NKBC.Com

E-mail Address

1 Wall Street

Contact's Mailing Address (if different from reporter's)

New York

Mailing City

NY, USA

Mailing State/Province, Country

10005

Zip/Postal Code

Authorized Official

I, _____
Printed Name & Title

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

Filed Electronically

Signature of Authorized Official

Date of Signature

Does the reporter request confidential treatment for any portion of this submission?

Yes

Please identify the report schedule(s) and item(s) to which this request applies: _____

- In accordance with the instructions on page GEN-2, a letter justifying the request is being provided.
- The information for which confidential treatment is sought is being submitted separately and labeled "Confidential."

No

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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. § 3108(a)); Sections 11(a)(1), 25(7) and 25A of the Federal Reserve Act (12 U.S.C. §§ 248(a)(1), 321, 601, 611a and 615); 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 _____

FRB 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: 09/01/2007
(MM/DD/YYYY)

2. Survivor: New Kingsland Holdings I
Legal Name
New York, NY, USA
City, State/Province, Country

3. Nonsurvivor: New Kingsland Holdings II
Legal Name
New York, NY, USA
City, State/Province, Country

December 27, 2006
DRAFT
Effective June 30, 2007

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

Board of Governors of the Federal Reserve System



Sample 4

Report of Changes in Organizational Structure - FR Y-10

Cover Page

Submission Date 10/01/2007
(MM/DD/YYYY)

December 27, 2006
DRAFT
Effective June 30, 2007

Reporter's Name, Street and Mailing Address

New Kingsland Banking Company

123 Prince Street

London

England

EC2Y 5AJ

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

John Smith, Vice President

(212) 487-6543

Phone Number (include area code and if applicable, the extension)

(212) 487-1247

Fax Number (include area code)

JSMITH@NKBC.Com

E-mail Address

1 Wall Street

Contact's Mailing Address (if different from reporter's)

New York

Mailing City

NY, USA

10005

Mailing State/Province, Country

Zip/Postal Code

Authorized Official

I, _____
Printed Name & Title

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

Filed Electronically

Signature of Authorized Official

Date of Signature

Does the reporter request confidential treatment for any portion of this submission?

Yes

Please identify the report schedule(s) and item(s) to which this request applies: _____

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FRB Use Only
ID_RSSD _____

FRB Use Only	
ID_RSSD	_____
County, State & 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 top-tier and subsidiary Foreign Banking Organizations.

Report all offices, including inactive offices that continue to retain their license.

Check box if correction:

1.a Event Type (check one only):

- Opening
- Change in Office Type
- Commenced Activities Through Managed Non-U.S. Branch
- If Other, please describe event type: _____

1.b Date of Event : _____

09/10/2007

(MM/DD/YYYY)

- License Issued
- Became Inactive
- Ceased Activities Through Managed Non-U.S. Branch
- Relocation
- License Surrendered

December 27, 2006
DRAFT
 Effective June 30, 2007

Characteristics Section

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

- Branch
- Agency
- Representative Office

3. **New York Rep Office**

Popular Name

4.a Current Address

5 Wall Street

Current Street Address

New York, New York

City and County

NY, USA 10005

State, Country, and Zip/Postal Code

4.b Previous Address (if changes have occurred)

400 Maiden Lane

If Relocation or Correction, Prior Street Address

If Relocation or Correction, Prior City and County

NY, USA 10045

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

5. **New Kingsland Banking Company**

Head Office Legal Name

London, England EC2Y 5AJ

City, Province, Country and Zip/Postal Code

Board of Governors of the Federal Reserve System



Sample 5

Report of Changes in Organizational Structure - FR Y-10

Cover Page

Submission Date

12/22/2007

(MM/DD/YYYY)

Reporter's Name, Street and Mailing Address

New Kingsland Banking Company

123 Prince Street

London

England

EC2Y 5AJ

State/Province, Country

Zip/Postal Code

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

Mailing City

Mailing State/Province, Country

Zip/Postal Code

December 27, 2006
DRAFT
Effective June 30, 2007

Contact's Name and Mailing Address for this Report

John Smith, Vice President

(212) 487-6543

Phone Number (include area code and if applicable, the extension)

(212) 487-1247

Fax Number (include area code)

JSMITH@NKBC.Com

E-mail Address

1 Wall Street

Contact's Mailing Address (if different from reporter's)

New York

Mailing City

NY, USA

10005

Mailing State/Province, Country

Zip/Postal Code

Authorized Official

I, _____
Printed Name & Title

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

Filed Electronically

Signature of Authorized Official

Date of Signature

Does the reporter request confidential treatment for any portion of this submission?

Yes

Please identify the report schedule(s) and item(s) to which this request applies: _____

- In accordance with the instructions on page GEN-2, a letter justifying the request is being provided.
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FRB Use Only

ID_RSSD _____

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 that is a Nonbanking Company and a reporter's directly or indirectly held interests in a Nonbanking Company.

Check box if correction:

- 1.a Event Type (check one or more):
- Acquisition of a Going Concern
 - De Novo Formation
 - External Transfer
 - Internal Transfer
 - If other, please describe: _____
- 1.b Date of Event : 12/15/2007
(MMDDYYYY)
- Change in Ownership
 - Liquidation
 - Change in Characteristics
 - Change in Activity or Legal Authority
 - No Longer Reportable
 - Became Inactive
 - Became Reportable

January 30, 2007
DRAFT
Effective June 30, 2007

Characteristics Section

- 2.a **New Kingsland Investments LLC**
Legal Name of Nonbanking Company
- 3.a **New York, New York**
City and County
- NY, USA 10045**
State/Province, Country, and Zip/Postal Code
- 3.b _____
If Name Change or Correction, Prior Legal Name of Nonbanking Company
- _____
If Relocation or Correction, Prior City and County
- _____
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
 - SEC and CFTC
 - SEC Only
 - CFTC Only
 - State Securities Department
 - 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. Nonbanking Company Type (see instructions for list): _____
 If other, please describe: _____
9. 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: _____
10. 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)

11. Direct Holder's Name and Location: _____
Legal Name City, State/Province, Country
- 12.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
- 12.b Other Interest: Yes No
13. Control by Direct Holder: Yes No
14. Regulation K, Subpart A Investments: Portfolio Investment Joint Venture Subsidiary
15. Former Direct Holder's Name and Location (if applicable):
New Kingsland Banking Company London, England
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
16.a Primary Activity	_____	_____	_____
16.b Secondary Activity	_____	_____	_____
16.c Termination of Activity	_____	_____	_____

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

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.

Check box if correction:

- 1.a Event Type (check one or more):
- 1.b Date of Event : **12/15/2007**
(MM/DD/YYYY)
- | | | |
|--|--|--|
| <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 type="checkbox"/> Change in Activity or Legal Authority | |
| <input checked="" type="checkbox"/> If other, please describe: Sale of parent company | | |

DRAFT
January 30, 2007
Effective June 30, 2007

Characteristics Section

- 2.a **New Kingsland Securities Inc.**
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
- 3.b _____
If Relocation or Correction, Prior City and County
- NY, USA 10045**
State/Province, Country, and Zip/Postal Code
- 3.c _____
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:
- | | | |
|---|--|--|
| <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. Nonbanking Company Type (see instructions for list): _____
 If other, please describe: _____
9. 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: _____
10. 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)

11. Direct Holder's Name and Location: _____
Legal Name City, State/Province, Country
- 12.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
- 12.b Other Interest: Yes No
13. Control by Direct Holder: Yes No
14. Regulation K, Subpart A Investments: Portfolio Investment Joint Venture Subsidiary
15. 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 and NAICS activity codes, see Appendices A and B of the Instructions)

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

Board of Governors of the Federal Reserve System



Sample 6

Report of Changes in Organizational Structure - FR Y-10

Cover Page

Submission Date **01/08/2007**
(MM/DD/YYYY)

Reporter's Name, Street and Mailing Address

New Kingsland Banking Company

123 Prince Street

London

England

EC2Y 5AJ

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

Mailing City

Mailing State/Province, Country

December 27, 2006
DRAFT
Effective June 30, 2007

Contact's Name and Mailing Address for this Report

John Smith, Vice President

(212) 487-6543

Phone Number (include area code and if applicable, the extension)

(212) 487-1247

Fax Number (include area code)

JSMITH@NKBC.Com

E-mail Address

1 Wall Street

Contact's Mailing Address (if different from reporter's)

New York

Mailing City

NY, USA

10005

Mailing State/Province, Country

Zip/Postal Code

Authorized Official

Printed Name & Title

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

Filed Electronically

Signature of Authorized Official

Date of Signature

Does the reporter request confidential treatment for any portion of this submission?

Yes

Please identify the report schedule(s) and item(s) to which this request applies: _____

- In accordance with the instructions on page GEN-2, a letter justifying the request is being provided.
- The information for which confidential treatment is sought is being submitted separately and labeled "Confidential."

No

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.

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), 321, 601, 611a and 615); 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 _____

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

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.

Check box if correction:

- 1.a Event Type (check one or more):
- 1.b Date of Event : **12/20/2007**
(MM/DD/YYYY)
- | | | |
|---|--|--|
| <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 checked="" 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"/> If other, please describe: _____ | | |

DRAFT
January 30, 2007
Effective June 30, 2007

Characteristics Section

- 2.a **New Kingsland Holdings I**
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
- 3.b _____
If Relocation or Correction, Prior City and County
- 3.c **NY, USA 10045**
State/Province, Country, and Zip/Postal Code
- 3.d _____
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:
- | | | |
|---|--|--|
| <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. Nonbanking Company Type (see instructions for list): _____
 If other, please describe: _____
9. 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: _____
10. 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)

11. Direct Holder's Name and Location: _____
 Legal Name City, State/Province, Country
- 12.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
- 12.b Other Interest: Yes No
13. Control by Direct Holder: Yes No
14. Regulation K, Subpart A Investments: Portfolio Investment Joint Venture Subsidiary
15. 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 and NAICS activity codes, see Appendices A and B of the Instructions)

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

Board of Governors of the Federal Reserve System



Sample 7

Report of Changes in Organizational Structure - FR Y-10

Cover Page

Submission Date **08/01/2007**
(MM/DD/YYYY)

December 27, 2006
DRAFT
Effective June 30, 2007

Reporter's Name, Street and Mailing Address

ABC Bancorp

1 Main Street

Jersey City, Hudson

NJ, USA 07302

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

Mary Brown, Controller

(212) 657-1122

Phone Number (include area code and if applicable, the extension)

(212) 657-1007

Fax Number (include area code)

MBROWN@ABCBC.com

E-mail Address

Contact's Mailing Address (if different from reporter's)

Mailing City

Mailing State/Province, Country Zip/Postal Code

Authorized Official

I, **_____**
Printed Name & Title

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

Filed Electronically

Signature of Authorized Official Date of Signature

Does the reporter request confidential treatment for any portion of this submission?

Yes

Please identify the report schedule(s) and item(s) to which this request applies: _____

In accordance with the instructions on page GEN-2, a letter justifying the request is being provided.

The information for which confidential treatment is sought is being submitted separately and labeled "Confidential."

No

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.

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 5(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), 321, 601, 611a and 615); 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

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

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.

Check box if correction:

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

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

1.b Date of Event : 07/15/2007
(MM/DD/YYYY)

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

No Longer Reportable
 Became Inactive
 Debts Previously Contracted
 Became Reportable

DRAFT
 January 30, 2007
 Effective June 30, 2007

Characteristics Section

2.a ABC Bancorp
Legal Name of Banking Company

3.a 1 Main Street
Current Street Address
Jersey City, Hudson
City and County
NJ, USA 07302
State/Province, Country, and Zip/Postal Code

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

3.b _____
If Relocation or Correction, Prior Street Address

If Relocation or Correction, Prior City and County

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

4. Date Opened: 07/15/2007
(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: 788458
not required for FBOs leading six digits only

8. Banking Company Type: BHC FBO U.S. Commercial Bank U.S. State Chartered Savings Bank
 If other, please describe: _____

9. 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: _____

10. 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)

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

12.a Percentage of a Class of Voting Shares: _____ % or 12.b Percentage of Nonvoting Equity: _____ %

12.c Other Interest: Yes No

13. Control by Direct Holder: Yes No

14. Control by Reporter: Yes No

15. 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 and NAICS activity codes, see Appendices A and B of the Instructions)

Activity Type	FRS Legal Authority Code	NAICS Activity Code	Description of Activity
16.a Primary Activity		<u>551111</u>	
16.b Secondary Activity (FBOs and BHCs only)			
16.c Termination of Activity			

FRB Use Only	
ID_RSSD_E1 (direct holder)	
ID_RSSD_E2 (reportable company)	
If applicable, former dth	

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.

Check box if correction:

- 1.a Event Type (check one or more):
- Acquisition of a Going Concern Change in Ownership No Longer Reportable
- De Novo Formation Liquidation Became Inactive
- External Transfer Change in Characteristics Debts Previously Contracted
- Internal Transfer Change in Activity or Legal Authority Became Reportable
- If other, please describe: _____

1.b Date of Event : **07/15/2007**
(MM/DD/YYYY)

DRAFT
Effective June 30, 2007

Characteristics Section

- 2.a **Old Banking Inc**
Legal Name of Banking Company
- 2.b _____
If Name Change or Correction, Prior Legal Name of Banking Company
- 3.a **400 State Street**
Current Street Address
- 3.b _____
If Relocation or Correction, Prior Street Address
- New York, New York**
City and County
- _____
If Relocation or Correction, Prior City and County
- NY, USA 10003**
State/Province, Country, and Zip/Postal Code
- _____
If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code
4. Date Opened: **01/12/2000**
(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: **986428**
not required for FBOs
leading six digits only
8. Banking Company Type: BHC FBO U.S. Commercial Bank U.S. State Chartered Savings Bank
 If other, please describe: _____
9. 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: _____
10. 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)

11. Direct Holder's Name and Location: **ABC Bancorp** **Jersey City, NJ USA**
Legal Name City, State/Province, Country
- 12.a Percentage of a Class of Voting Shares: **60** % or 12.b Percentage of Nonvoting Equity: _____ %
- 12.c Other Interest: Yes No
13. Control by Direct Holder: Yes No 14. Control by Reporter: Yes No
15. 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 and NAICS activity codes, see Appendices A and B of the Instructions)

- | Activity Type | FRS Legal Authority Code | NAICS Activity Code | Description of Activity |
|--|--------------------------|---------------------|-------------------------|
| 16.a Primary Activity | 7 | 52211 | |
| 16.b Secondary Activity (FBOs and BHCs only) | | | |
| 16.c Termination of Activity | | | |

Board of Governors of the Federal Reserve System

Sample 8



Report of Changes in Organizational Structure - FR Y-10

Cover Page

Submission Date **10/23/2007**
(MMDDYYYY)

December 27, 2006
DRAFT
Effective June 30, 2007

Reporter's Name, Street and Mailing Address

ABC Bancorp
Legal Name
1 Main Street
Street Address
Jersey City, Hudson
City and County
NJ, USA **07302**
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

Mary Brown, Controller
Name and Title
(212) 657-1122
Phone Number (include area code and if applicable, the extension)
(212) 657-1007
Fax Number (include area code)
MBROWN@ABCBC.com
E-mail Address

Contact's Mailing Address (if different from reporter's)
Mailing City
Mailing State/Province, Country Zip/Postal Code

Authorized Official

I, _____
Printed Name & Title
am an authorized official of this company named above, and hereby
declare that this report is true and complete to the best of my
knowledge and belief.
Filed Electronically
Signature of Authorized Official Date of Signature

Does the reporter request confidential treatment for any
portion of this submission?

Yes

Please identify the report schedule(s) and item(s) to which
this request applies:

- In accordance with the instructions on page GEN-2, a letter
justifying the request is being provided.
- The information for which confidential treatment is sought
is being submitted separately and labeled "Confidential."

No

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.

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), 321, 601, 611a and 615); 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 _____

FRB 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 : **10/01/2007**
(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

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 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	52391	
2.b	<input type="checkbox"/> 311 / <input type="checkbox"/> 312		
2.c	<input type="checkbox"/> 311 / <input type="checkbox"/> 312		

December 27, 2006
DRAFT
Effective June 30, 2007

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. Date of Event **10/01/2007**
MM/DD/YYYY
2. Direct Holder's Name and Location
Investment Partners Ltd.
 Legal Name
New York, New York, NY USA
 City and County State/Province Country
3. Nonbanking Company's Name and Location
Esquire Communications Company
 Legal Name
New York, New York, NY USA
 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. **15** % Voting Securities
 b. _____ % Total Equity
 c. _____ % Assets
5. Initial Aggregate Cost of Investment to the FHC: \$ **300** (in millions of U.S. dollars)

Board of Governors of the Federal Reserve System



Sample 9

Report of Changes in Organizational Structure - FR Y-10

Cover Page

Submission Date **12/01/2007**
(MM/DD/YYYY)

Reporter's Name, Street and Mailing Address

ABC Bancorp
Legal Name
1 Main Street
Street Address
Jersey City, Hudson
City and County
NJ, USA **07302**
State/Province, Country Zip/Postal Code

Reporter's Mailing Address (if different from street address)
Mailing City
Mailing State/Province, Country Zip/Postal Code

December 27, 2006
DRAFT
Effective June 30, 2007

Contact's Name and Mailing Address for this Report

Mary Brown, Controller
Name and Title
(212) 657-1122
Phone Number (include area code and if applicable, the extension)
(212) 657-1007
Fax Number (include area code)
MBROWN@ABCBC.com
E-mail Address

Contact's Mailing Address (if different from reporter's)
Mailing City
Mailing State/Province, Country Zip/Postal Code

Authorized Official

I, _____,
Printed Name & Title
am an authorized official of this company named above, and hereby
declare that this report is true and complete to the best of my
knowledge and belief.
Filed Electronically
Signature of Authorized Official Date of Signature

Does the reporter request confidential treatment for any portion of this submission?

Yes

Please identify the report schedule(s) and item(s) to which this request applies: _____

- In accordance with the instructions on page GEN-2, a letter justifying the request is being provided.
- The information for which confidential treatment is sought is being submitted separately and labeled "Confidential."

No

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.

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(f) and 25A of the Federal Reserve Act (12 U.S.C. §§ 248(a)(1), 321, 601, 611a and 615); 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 _____

Board of Governors of the Federal Reserve System

Sample 10



Report of Changes in Organizational Structure - FR Y-10

Cover Page

Submission Date **12/03/2007**
(MM/DD/YYYY)

December 27, 2006
DRAFT
Effective June 30, 2007

Reporter's Name, Street and Mailing Address

ABC Bancorp

1 Main Street

Jersey City, Hudson

NJ, USA 07302

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

Mary Brown, Controller

(212) 657-1122

Phone Number (include area code and if applicable, the extension)

(212) 657-1007

Fax Number (include area code)

MBROWN@ABCBC.com

E-mail Address

Contact's Mailing Address (if different from reporter's)

Mailing City

Mailing State/Province, Country

Zip/Postal Code

Authorized Official

I, _____,
Printed Name & Title

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

Filed Electronically

Signature of Authorized Official

Date of Signature

Does the reporter request confidential treatment for any portion of this submission?

Yes

Please identify the report schedule(s) and item(s) to which this request applies: _____

- In accordance with the instructions on page GEN-2, a letter justifying the request is being provided.
- The information for which confidential treatment is sought is being submitted separately and labeled "Confidential."

No

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.

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), 321, 601, 611a and 615); 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 _____

FRB Use Only	
ID_RSSD	_____
County, State & 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 one only):	1.b Date of Event : 11/17/2007 <small>(MMDDYYYY)</small>
<input checked="" type="checkbox"/> Opening	<input type="checkbox"/> Closure
	<input type="checkbox"/> Relocation
<input type="checkbox"/> If Other, please describe event type: _____	

Characteristics Section

2. Office Type:	
<input checked="" type="checkbox"/> Full-Service Branch	<input type="checkbox"/> Shell Branch
	<input type="checkbox"/> Other
3. Date of Board Consent or Prior Notification (if applicable):	09/01/2007

December 27, 2006
DRAFT
Effective June 30, 2007

4. **Paris Branch**
Popular Name

5.a Current Address	5.b Previous Address (if changes have occurred)
15 Place Vendome <small>Current Street Address</small>	_____
Paris <small>City</small>	_____
France F75001 <small>Province, Country, and Zip/Postal Code</small>	_____

6. **Old Banking Inc**
Head Office Legal Name

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

Board of Governors of the Federal Reserve System



Sample 11

Report of Changes in Organizational Structure - FR Y-10

Cover Page

Submission Date **12/15/2007**
(MM/DD/YYYY)

December 27, 2006
DRAFT
Effective June 30, 2007

Reporter's Name, Street and Mailing Address

ABC Bancorp

1 Main Street

Jersey City, Hudson

NJ, USA 07302

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

Mary Brown, Controller

(212) 657-1122

Phone Number (include area code and if applicable, the extension)

(212) 657-1007

Fax Number (include area code)

MBROWN@ABCBC.com

E-mail Address

Contact's Mailing Address (if different from reporter's)

Mailing City

Mailing State/Province, Country Zip/Postal Code

Authorized Official

I, _____
Printed Name & Title

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

Filed Electronically

Signature of Authorized Official

Date of Signature

Does the reporter request confidential treatment for any portion of this submission?

Yes

Please identify the report schedule(s) and item(s) to which this request applies: _____

In accordance with the instructions on page GEN-2, a letter justifying the request is being provided.

The information for which confidential treatment is sought is being submitted separately and labeled "Confidential."

No

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.

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 5(a) of the International Banking Act (12 U.S.C. § 3106(a)); Sections 11(a)(1), 25(f) and 25A of the Federal Reserve Act (12 U.S.C. §§ 248(a)(1), 321, 601, 611a and 615); 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 _____

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 that is a Nonbanking Company and 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 : **12/01/2007**
(MM/DD/YYYY)
- | | | |
|--|--|---|
| <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"/> If other, please describe: _____ | | |

January 30, 2007
DRAFT
Effective June 30, 2007

Characteristics Section

- 2.a **Stockholm Holding Company**
Legal Name of Nonbanking Company
- 2.b _____
If Name Change or Correction, Prior Legal Name of Nonbanking Company
- 3.a **Stockholm**
City and County
- 3.b _____
If Relocation or Correction, Prior City and County
- 3.c **Sweden**
State/Province, Country, and Zip/Postal Code
- 3.d _____
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 SEC and CFTC SEC Only
 CFTC Only State Securities Department 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. Nonbanking Company Type (see instructions for list): **Other Holding Company**
 If other, please describe: _____
9. 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: _____
10. 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)

11. Direct Holder's Name and Location: **ABC Bancorp** **Jersey City, NJ USA**
Legal Name City, State/Province, Country
- 12.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
- 12.b Other Interest: Yes No
13. Control by Direct Holder: Yes No
14. Regulation K, Subpart A Investments: Portfolio Investment Joint Venture Subsidiary
15. 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 and NAICS activity codes, see Appendices A and B of the Instructions)

- | Activity Type | FRS Legal Authority Code | NAICS Activity Code | Description of Activity |
|------------------------------|--------------------------|---------------------|-------------------------|
| 16.a Primary Activity | 62 | 551112 | _____ |
| 16.b Secondary Activity | _____ | _____ | _____ |
| 16.c Termination of Activity | _____ | _____ | _____ |