

State Of New Hampshire - Annual Report to the Bank Commissioner As of December 31, 200__

Institution: _____
 Main Office Location: _____
 Mailing Address:
 (if different than above) _____
 Telephone Number: _____ Fax Number: _____
 E-mail Address (for public use) _____
 Website Address _____

Branches (full address) Include out-of-state and international branches. List alphabetically by town.
 Attach a list of all remote service units, indicating whether it is an "ATM" or "cash dispensing" machine.

Branches closed during the year (full address and date closed). List alphabetically by town.

Officers, SVP and above (full name and title)

Directors/Trustees (full name, and committees serving on, Audit, Investment, Trust, e.g.)

Chairman:	

Subsidiaries/CUSOs: _____

Holding company affiliation: _____

Fidelity Bond:	\$ _____	Pledge/surety/funds f/b/o the Commissioner	\$ _____
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The information detailed on this form is correct to the best of my knowledge as of December 31, 200__.

Signature and Title of Authorized Officer: _____

Date signed: _____