

State of New Hampshire – Annual Report to the Bank Commissioner as of  
December 31, 20\_\_

Institution: \_\_\_\_\_

Principal Office: \_\_\_\_\_

Mailing Address:<sup>1</sup> \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address (public use): \_\_\_\_\_

Website Address: \_\_\_\_\_

Bank Branches (Full Addresses): Include out-of-state and international branch offices. List alphabetically by town.

Address

Bank Branches opened during the year (Full Addresses and Date Opened). List alphabetically by town.

Address	Date Opened

Bank Branches closed during the year (Full Addresses and Date Closed). List alphabetically by town.

Address	Date Closed

<sup>1</sup> If different than Principal Office address

Bank Branches relocated during the year (Previous Address, New Address, and Date Relocated).

Previous Address	New Address	Date Relocated

Depository Bank Officer, SVP and above: (Full Name, Title, E-Mail Address).

Full Name	Title	E-Mail Address

Directors/Trustees: List Full Name and Applicable Committee(s).

Director/Trustee*	Committee(s)
Chairman:	

Subsidiary Names: \_\_\_\_\_

\_\_\_\_\_

Affiliated Holding Companies & Contact Info: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Service Entity Name(s) & Contact Info: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Fidelity Bond Insurer:</b>  <b>Contact Info:</b>	<b>Fidelity Bond \$:</b>  <b>Deductible \$:</b>
<b>E&amp;O Insurer:</b>  <b>Contact Info:</b>	<b>E&amp;O \$:</b>  <b>Deductible \$:</b>
<b>Any other Funds Held for the Benefit of the Commissioner – Name &amp; Contact Info:</b>	<b>Amount \$:</b>

The information detailed on this form is correct to the best of my knowledge as of December 31, 20\_\_\_\_.

Signature and Title of Authorized Officer: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_