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

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

Main Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:[[1]](#footnote-1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

|  |
| --- |
| **Address** |
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|  |
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|  |
|  |

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

|  |  |
| --- | --- |
| **Address** | **Date Opened** |
|  |  |
|  |  |
|  |  |
|  |  |

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

|  |  |
| --- | --- |
| **Address** | **Date Closed** |
|  |  |
|  |  |
|  |  |
|  |  |

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

|  |  |  |
| --- | --- | --- |
| **Previous Address** | **New Address** | **Date Relocated** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Credit Union 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Fidelity Bond Insurer:**  **Contact Info:** | **Fidelity Bond $:**  **Deductible $:** |
| **E&O Insurer:**  **Contact Info:** | **E&O $:**  **Deductible $:** |
| **Any other Funds Held for the Benefit of the Commissioner – Name & Contact Info:** | **Amount $:** |

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If different than Main Office address [↑](#footnote-ref-1)