

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

Institution: _____

Main Office: _____

Mailing Address: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

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

¹ If different than Main Office address

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: _____