

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

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

Mailing Address: \_\_\_\_\_

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

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

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

Trust Offices (Full Addresses): Please list all trust offices. Include out-of-state and international trust offices. List a trust office below, even if it is already listed above as the mailing address for the institution. List alphabetically by town.

Address

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

Address	Date Opened

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

Address	Date Closed

Trust Offices relocated during the year (Previous Address, New Address, and Date Relocated):

Previous Address	New Address	Date Relocated


Trust Company Executive Officers: (Full Name, Title, and each Work Address where the Executive Officer will conduct trust business):

Full Name	Title	Work Address	E-Mail Address

Directors/Trustees: List Full Name and Residential Address.

Director/Trustee*	Residential Address
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>Liquidation Pledge &amp; Holder Name:</b>  <b>Holder Contact Info:</b>	<b>Liquidation Pledge \$:</b>  <b>FMV as of December 31, 20____</b>
<b>Surety Bond Insurer:</b>  <b>Contact Info:</b>	<b>Surety Bond \$:</b>
<b>Any other Funds Held For the Benefit of the Commissioner – Name &amp; Contact Info:</b>	<b>Amount \$:</b>  <b>FMV as of December 31, 20____</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: \_\_\_\_\_

*\* Please Note: Pursuant to RSA 383-C:13-1301 – Reports and Other Filings – trust companies or RSA 383-D:10-1001 – Reports and Certification – family trust companies have a continuing obligation to update officer and director/trustee information within 30 days of any change, and if such information is not provided in that timeframe, are subject to a \$50 penalty for each day such information is overdue.*