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** |
|  |
|  |
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|  |

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

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

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

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

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| --- | --- |
| **Fidelity Bond Insurer:**  **Contact Info:** | **Fidelity Bond $:**  **Deductible $:** |
| **E&O Insurer:**  **Contact Info:** | **E&O $:**  **Deductible $:** |
| **Liquidation Pledge & Holder Name:**  **Holder Contact Info:** | **Liquidation Pledge $:**  **FMV as of December 31, 20\_\_\_\_** |
| **Surety Bond Insurer:**  **Contact Info:** | **Surety Bond $:** |
| **Any other Funds Held For the Benefit of the Commissioner – Name & Contact Info:** | **Amount $:**  **FMV as of December 31, 20\_\_\_** |

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.*