



NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
MONTHLY REPORT OF ASSETS DEPOSITED BY
BRANCHES/AGENCIES OF FOREIGN BANKS
PURSUANT TO SECTION 202-b(1) OF THE NEW YORK STATE BANKING LAW
FOR A "WELL-RATED" FOREIGN BANKING CORPORATION
AS DEFINED IN PART 322.7 OF THE SUPERINTENDENT'S REGULATIONS

BRANCH/AGENCY NAME

Report submitted for 5th business day of _____, 20

CALCULATION OF LIABILITIES REQUIRING COVER (see below): (\$ THOUSANDS)

- Total liabilities (inclusive of the IBF) 1st Wednesday of previous month \$ _____
- Total liabilities (inclusive of the IBF) 2nd Wednesday \$ _____
- Total liabilities (inclusive of the IBF) 3rd Wednesday \$ _____
- Total liabilities (inclusive of the IBF) 4th Wednesday \$ _____
- Total liabilities (inclusive of the IBF) 5th Wednesday (if applicable) \$ _____

Average of previous month Wednesday total liabilities \$ _____(1)

The amount required to be deposited pursuant to Part 322.1(a) of the Superintendent's Regulation for a "well-rated" foreign banking corporation as defined in Part 322.7 of the Superintendent's Regulation is calculated according to the schedule shown on page 2 of this form and carried forward below. Nevertheless, the minimum requirement remains at \$2 million while the maximum requirement is now set at \$100 million.

CALCULATION (Carried over from Page 2) = \$ _____ (Minimum of \$2 million)
 (\$ Thousands)

ASSETS DEPOSITED (Using haircut values as shown on the Asset Pledge List)¹

- At FRB ² \$ _____
- At other depositories (correspondent banks) \$ _____
 (\$ Thousands)

TOTAL PLEDGED \$ _____
 (\$ Thousands)

NOTE: The required pledge amount will be in effect from the 5th business day of the month to the 5th business day of the following month.

The report is required to be filed for each calendar month WITHIN FIVE BUSINESS DAYS of the following month with:

Copies of all monthly reports are to be retained with records of the branch/agency until the end of the next examination and are to be made available to our examiners for review.

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
 ONE STATE STREET
 NEW YORK, NY 10004
 ATTN: FOREIGN AND WHOLESALE BANKS

If there are any questions regarding the report, please contact Foreign and Wholesale Banks at: 212-709-1557.

Prepared by: _____

Approved by: _____

Phone _____

Title _____

¹ Assets deposited must be valued at the lower of principal or adjusted market value (using haircuts as noted on the Asset Pledge List).

² Include only those amounts subject to the supplementary deposit agreement signed with Federal Reserve Bank and held in a special designated account, or held by a passthrough correspondent in a special designated account



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(CONTINUED)

BRANCH/AGENCY NAME

Report submitted for 5th business day of _____, 20__

CALCULATION: As a percentage of average total liabilities for the previous month of such branch or branches or agency or agencies, including liabilities of an IBF maintained by such branch or branches or agency or agencies, but excluding amounts due and other liabilities to other offices, agencies, branches and affiliates as defined in Part 322.6 of the Superintendent's Regulation, of such foreign banking corporation:

- (1) One percent of the first \$1 billion = _____
 - (2) ¾ of one percent of the next \$4 billion = _____
 - (3) ½ of one percent of the next \$5 billion = _____
 - (4) ¼ of one percent of any additional liabilities = _____
 - (5) Provided, however, that in no event shall the maximum amount to be deposited hereunder exceed one hundred million dollars (\$100,000,000) = _____
- TOTAL (to be carried forward to Page 1)** _____

Prepared by: _____

Approved by: _____

Phone _____

Title _____