

Sample 1 - De Novo Formation

FR Y-10F
OMB Number 7100-0297
Expires March 31, 2007

Board of Governors of the Federal Reserve System



Report of Changes in FBO Organizational Structure—FR Y-10F

Cover Page

Submission Date 04/20/2006
(MM/DD/YYYY)

Reporter's Name, Street, and Mailing Address

New Kingsland Banking Company

Legal Name

123 Prince Street

Street Address

London

City

England

State/Province, Country

EC2Y 5AJ

Zip/Postal Code

Reporter's Mailing Address (if different from street address)

Mailing City

Mailing State/Province, Country

Zip/Postal Code

Contact's Name and Mailing Address for this Report

John Smith, Vice President

Name and Title

(212) 987-6543

Phone Number (include area code and if applicable, the extension)

(212) 987-1234

Fax Number (include area code)

jsmith@nkbc.com

E-mail Address

1 Wall Street

Contact's Mailing Address (if different from above)

New York

Mailing City

NY, United States

Mailing State/Province, Country

10005

Zip/Postal Code

Authorized Officer

I, _____
Printed Name & Title

am an authorized officer of the company named above, and hereby declare that this report is true and complete to the best of my knowledge and belief.

Filed Electronically

Signature of Officer

Date of Signature

Does the reporter request confidential treatment for any portion of this submission of the FR Y-10F?

Yes If the response is yes, a letter justifying the request must be provided in accordance with the instructions on page GEN-3.

No

Public reporting burden for the information collection is estimated to average 1 hour per response, including time to gather and maintain the data and complete the information collection. The Federal Reserve may not conduct or sponsor, and a person is not required to respond to any information collection unless it displays a currently valid OMB control number. Comments regarding this estimate or any other aspects of this information burden may be sent to Secretary, Board of Governors of the Federal Reserve System, Washington, D.C. 20551, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

This report is required by law: Sections 4(k) and 5(c)(1)(A) of the Bank Holding Company Act (12 U.S.C. §§ 1843(k), 1844(c)(1)(A)); Section 8(a) of the International Banking Act (12 U.S.C. § 3106(a)); Sections 11(a)(1), 25(7) and 25A of the Federal Reserve Act (12 U.S.C. §§ 248(a)(1), 602, and 611a); Section 211.13(c) of Regulation K (12 CFR 211.13(c)); and Sections 225.5(b) and 225.87 of Regulation Y (12 CFR 225.5(b) and 225.87).

FRB Use Only

ID_RSSD

Sample 1 - De Novo Formation

Nonbanking Schedule

Use this schedule to report information about a reporter's directly or indirectly held interests in a Nonbanking Company.

Check box if correction:

1.a. Event Type (check one or more):

1.b. Date of Event:

03/21/2006

(MM/DD/YYYY)

- Acquisition of a Going Concern
- De Novo Formation**
- External Transfer
- Internal Transfer

- Change in Ownership
- Liquidation
- Change in Characteristics
- Change in Activity or Legal Authority

- No Longer Reportable
- Became Inactive

Other, please describe: _____

Characteristics Section

2.a. **New Kingsland Corporation**

Legal Name of Nonbanking Company

2.b. _____

If Name Change or Correction, Prior Legal Name of Nonbanking Company

3.a. **Jersey City, Hudson**

City and County

3.b. _____

If Relocation or Correction, Prior City and County

NJ, United States 07102

State/Province, Country, and ZIP/Postal Code

If Relocation or Correction, Prior State/Province, Country, and ZIP/Postal Code

4. If the Nonbanking Company is a Functionally Regulated Subsidiary, indicate its functional regulator:

- Not applicable
- SEC and CFTC
- SEC Only
- CFTC only
- State Securities Department
- State Insurance Regulator

5. Is the Nonbanking Company a Financial Subsidiary of an insured Depository Institution?

- Yes
- No

6. Nonbanking Company Type (see instructions for list): **Other Company**

If other, please describe business activity: **Provides Investment Advice**

7. Business Organization Type:

- Corporation
 - Business Trust
 - Cooperative
 - General Partnership
 - Sole Proprietorship
 - Limited Liability Partnership
 - Limited Partnership
 - Mutual
 - Limited Liability Co./Corp.
- If other, please describe: _____

Ownership Section

8. Direct Holder's Name and Location: **New Kingsland Banking Company** **London, England**

Legal Name

City, State/Province, Country

9.a. Direct Holder's Percentage of a Class of Voting Shares:

- 80% or more
- >50% to <80%
- 25% to 50%
- <25% but 25% or more in the aggregate or otherwise controlled elsewhere within the organization

9.b. Direct Holder's Other Interest: Yes No

9.c. Control by Direct Holder: Yes No

10. Former Direct Holder's Name and Location:

Legal Name of Former Direct Holder

City, State/Province, Country

Activity and Legal Authority Section (for list of FRS legal authority and NAICS activity codes, see Appendices A and B of the Instructions)

Activity Type	FRS Legal Authority Code	NAICS Activity Code	Description of Activity
11.a. Primary Activity	26	52393	_____
11.b. Secondary Activity	_____	_____	_____
11.c. Termination of Activity	_____	_____	_____

FRB Use Only

ID_RSSD_E1 (direct holder) _____
 ID_RSSD_E2 (reportable company) _____
 If applicable, former d/h _____

Sample 2 - Internal Transfer

Nonbanking Schedule

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Use this schedule to report information about a reporter's directly or indirectly held interests in a Nonbanking Company.

Check box if correction:

1.a. Event Type (check one or more):

1.b. Date of Event:

04/01/2006

(MM/DD/YYYY)

- Acquisition of a Going Concern
 De Novo Formation
 External Transfer
 Internal Transfer

- Change in Ownership
 Liquidation
 Change in Characteristics
 Change in Activity or Legal Authority

- No Longer Reportable
 Became Inactive

Other, please describe: _____

Characteristics Section

2.a. **New Kingsland Corporation**

Legal Name of Nonbanking Company

2.b. _____

If Name Change or Correction, Prior Legal Name of Nonbanking Company

3.a. **Jersey City, Hudson**

City and County

3.b. _____

If Relocation or Correction, Prior City and County

NJ, United States, 07102

State/Province, Country, and ZIP/Postal Code

If Relocation or Correction, Prior State/Province, Country, and ZIP/Postal Code

4. If the Nonbanking Company is a Functionally Regulated Subsidiary, indicate its functional regulator:

- Not applicable
 CFTC only

- SEC and CFTC
 State Securities Department

- SEC Only
 State Insurance Regulator

5. Is the Nonbanking Company a Financial Subsidiary of an insured Depository Institution?

- Yes No

6. Nonbanking Company Type (see instructions for list): _____

If other, please describe business activity: _____

7. Business Organization Type:

- Corporation
 Business Trust
 Cooperative

- General Partnership
 Sole Proprietorship
 Limited Liability Partnership

- Limited Partnership
 Mutual
 Limited Liability Co./Corp.

If other, please describe: _____

Ownership Section

8. Direct Holder's Name and Location: **Madison Holding Co.**

Legal Name

New York, NY, United States

City, State/Province, Country

9.a. Direct Holder's Percentage of a Class of Voting Shares:

80% or more

>50% to <80%

25% to 50%

<25% but 25% or more in the aggregate or otherwise controlled elsewhere within the organization

9.b. Direct Holder's Other Interest: Yes No

9.c. Control by Direct Holder: Yes No

10. Former Direct Holder's Name and Location:

New Kingsland Banking Company

Legal Name of Former Direct Holder

London, England

City, State/Province, Country

Activity and Legal Authority Section (for list of FRS legal authority and NAICS activity codes, see Appendices A and B of the Instructions)

Activity Type	FRS Legal Authority Code	NAICS Activity Code	Description of Activity
11.a. Primary Activity	_____	_____	_____
11.b. Secondary Activity	_____	_____	_____
11.c. Termination of Activity	_____	_____	_____

FRB Use Only

ID_RSSD_E1 (direct holder) _____

ID_RSSD_E2 (reportable company) _____

If applicable, former d/h _____

Sample 3 - Change in Characteristics and Ownership

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Banking Schedule

Use this schedule to report information about a reporter that is a Banking Company and about a reporter's directly or indirectly held interests in a BHC or bank organized under U.S. law.

Check box if correction:

1.a. Event Type (check one or more):

Acquisition of a Going Concern
 De Novo Formation
 External Transfer
 Internal Transfer
 Other, please describe: _____

Change in Ownership
 Liquidation
 Change in Characteristics
 Change in Activity or Legal Authority

1.b. Date of Event: 03/31/2006 (MM/DD/YYYY)

No Longer Reportable
 Became Inactive
 Debts Previously Contracted

Characteristics Section

2.a. New Kingsland Bank
Legal Name of Banking Company

2.b. _____
If Name Change or Correction, Prior Legal Name of Banking Company

3.a. 123 Queen Street
Current Street Address

3.b. 999 King Street
If Relocation or Correction, Prior Street Address

London
City and Country

England EC3Y 6AK
State/Province, County, and ZIP/Postal Code

London
If Relocation or Correction, Prior City and Country

England EC4Y 7AH
If Relocation or Correction, Prior State/Province, County, and ZIP/Postal Code

4. Date Opened: _____ (MM/DD/YYYY)

5. Fiscal Year End (FBOs Only): _____ (MM/DD)

6. Banking Company Type: FBO BHC U.S. Commercial Bank U.S. State Chartered Savings Bank
 If other, please describe: _____

7. Business Organization Type: Corporation General Partnership Limited Partnership
 Business Trust Sole Proprietorship Mutual
 Cooperative Limited Liability Partnership Limited Liability Co./Corp.
 If other, please describe: _____

Ownership Section

8. Direct Holder's Name and Location: New Kingsland Banking Company London, England
Legal Name City, State/Province, Country

9.a. Direct Holder's Percentage of a Class of Voting Shares: 95 %

9.b. Direct Holder's Percentage of Nonvoting Equity: _____ %

9.c. Direct Holder's Other Interest: Yes No

9.d. Control by Direct Holder: Yes No

9.e. Control by Reporter: Yes No

10. Former Direct Holder's Name and Location:
Legal Name of Former Direct Holder City, State/Province, Country

Activity and Legal Authority Section (for list of FRS legal authority and NAICS activity codes, see Appendices A and B of the Instructions)

Activity Type	FRS Legal Authority Code	NAICS Activity Code	Description of Activity
11.a. Primary Activity	_____	_____	_____
11.b. Secondary Activity (BHCs and FBOs only)	_____	_____	_____
11.c. Termination of Activity	_____	_____	_____

FRB Use Only

ID_R1550_E1 (direct holder) _____

ID_R1550_E2 (reportable company) _____

If applicable, former d/f _____

Sample 4 - Merger

Merger Schedule

Use this schedule to report certain types of mergers involving a reporter or company within the reporter's organizational structure.

Check box if correction:

1. Date of Event: 04/16/2006
(MM/DD/YYYY)

2. Survivor: New Kingsland Corporation
Legal Name
Jersey City, NJ, United States
City, State/Province, Country

3. Nonsurvivor: ABC Corporation
Legal Name
New York, NY, United States
City, State/Province, Country

Item 4 only applies to mergers involving an insured Depository Institution organized under U.S. law.

4. Did the head office of the nonsurvivor become a branch of the survivor? Yes No

FRB Use Only
ID_RSSD_E1 (ns) _____
ID_RSSD_E2 (s) _____

Sample 5 - Opening of a Representative Office

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Branch, Agency, and Representative Office Schedule

Use this schedule to report any change in the organizational structure of U.S. branches, agencies, representative offices, and managed non-U.S. branches of top-tier and subsidiary foreign banking organizations. Report all offices, including inactive offices that continue to retain their license.

Check box if correction:

1.a. Event Type (check one only):

Opening

Inactive

License Issued

License Surrendered

1.b. Date of Event: **04/15/2006**

(MM/DD/YYYY)

Change in Establishment Type

Relocation

Ceased Activities through Managed non-U.S. branch

If Other, please describe event type: _____

2. Establishment Type

U.S. Branch

U.S. Agency

U.S. Representative Office

Managed non-U.S. Branch

3.a. Current Information

Seattle Representative Office

Legal Name

111 North 1st Street

Street Address

Seattle, King

City and County

WA, United States 98111

State/Province, Country, Zip/Postal Code

3.b. Previous Address Information (if changes have occurred)

If Relocation or Correction, Prior Street Address

If Relocation or Correction, Prior City and County

If Relocation or Correction, Prior State/Province, Country, and Zip/Postal Code

4. **New Kingsland Bank**

Head Office Legal Name

FRB Use Only

ID_RSSD _____

County, State and Country Code _____

ID_RSSD_HD_OFF _____

City, and Country Code _____

Sample 6 - Merchant Banking Activity and Investment

Nonbanking Schedule

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Use this schedule to report information about a reporter's directly or indirectly held interests in a Nonbanking Company.

Check box if correction:

1.a. Event Type (check one or more):

1.b. Date of Event:

03/25/2006

(MM/DD/YYYY)

- Acquisition of a Going Concern
 De Novo Formation
 External Transfer
 Internal Transfer

- Change in Ownership
 Liquidation
 Change in Characteristics

- No Longer Reportable
 Became Inactive

Change in Activity or Legal Authority

Other, please describe: _____

Characteristics Section

2.a. **Investment Partners L.P.**

Legal Name of Nonbanking Company

2.b. _____

If Name Change or Correction, Prior Legal Name of Nonbanking Company

3.a. **New York, New York**

City and County

3.b. _____

If Relocation or Correction, Prior City and County

NY, United States 10019

State/Province, Country, and ZIP/Postal Code

If Relocation or Correction, Prior State/Province, Country, and ZIP/Postal Code

4. If the Nonbanking Company is a Functionally Regulated Subsidiary, indicate its functional regulator:

Not applicable

SEC and CFTC

SEC Only

CFTC only

State Securities Department

State Insurance Regulator

5. Is the Nonbanking Company a Financial Subsidiary of an insured Depository Institution?

Yes No

6. Nonbanking Company Type (see instructions for list): _____

If other, please describe business activity: _____

7. Business Organization Type:

Corporation

General Partnership

Limited Partnership

Business Trust

Sole Proprietorship

Mutual

Cooperative

Limited Liability Partnership

Limited Liability Co./Corp.

If other, please describe: _____

Ownership Section

8. Direct Holder's Name and Location: _____

Legal Name

City, State/Province, Country

9.a. Direct Holder's Percentage of a Class of Voting Shares:

80% or more

>50% to <80%

25% to 50%

<25% but 25% or more in the aggregate or otherwise controlled elsewhere within the organization

9.b. Direct Holder's Other Interest: Yes No

9.c. Control by Direct Holder: Yes No

10. Former Direct Holder's Name and Location: _____

Legal Name of Former Direct Holder

City, State/Province, Country

Activity and Legal Authority Section (for list of FRS legal authority and NAICS activity codes, see Appendices A and B of the Instructions)

Activity Type	FRS Legal Authority Code	NAICS Activity Code	Description of Activity
11.a. Primary Activity			
11.b. Secondary Activity	311	52391	
11.c. Termination of Activity			

FRB Use Only

ID_RSSD_E1 (direct holder) _____

ID_RSSD_E2 (reportable company) _____

If applicable, former d/h _____

Sample 6 - Merchant Banking Activity and Investment

4(k) Schedule

Use this schedule to provide required post-transaction notice for activities, formations and acquisitions of companies, and large merchant banking and insurance company investments authorized under Section 4(k) of the Bank Holding Company Act.

Check box if correction:

Post-Transaction Notice Section

1.a. Event Type (check one only):

1.b. Date of Event: 03/25/2006
(MMDD/YYYY)

- New Activity Commenced Through an Existing Subsidiary
 New Activity Commenced Through Acquisition of a Going Concern
 New Activity Commenced Through a De Novo Formation
- Acquisition of a Going Concern **without** a New Activity
 De Novo Formation **without** a New Activity

2. New Activities Commenced

Item 2 is only reportable for new activities. For the event type checked in item 1.a, report the FRS legal authority code and the NAICS activity code for each new activity. If applicable, provide the description of the activity.

FRS Legal Authority Code (check one)	NAICS Activity Code	Description of Activity
2.a. <input checked="" type="checkbox"/> 311 / <input type="checkbox"/> 312	<u>52391</u>	
2.b. <input type="checkbox"/> 311 / <input type="checkbox"/> 312		
2.c. <input type="checkbox"/> 311 / <input type="checkbox"/> 312		

Large Merchant Banking or Insurance Company Investments Section

Use this section to report merchant banking or insurance company investments when the FHC acquires more than 5 percent of a Nonbanking Company's voting shares or total equity or assets and the initial aggregate cost of the investment exceeds 1) \$200 million; or 2) 5 percent of tier 1 capital, whichever is less.

1. Date of Event 03/25/2006
(MMDD/YYYY)
2. Direct Holder's Name and Location
Legal Name: Investment Partners L.P.
City and County: New York, New York State/Province: NY Country: United States
3. Nonbanking Company's Name and Location
Legal Name: Esquire Communications Company
City and County: New York, New York State/Province: NY Country: United States
4. Direct Holder's Investment in Nonbanking Company
Report the percentage interest in A, B, or C, as applicable.
- a. _____ % Voting Securities
- b. 7 % Total Equity
- c. _____ % Assets
5. Initial Aggregate Cost of Investment: \$ 215 (in millions of U.S. dollars)

FRB Use Only	
ID_RSSD_TOP (top tier FBO)	_____
ID_RSSD_E1 (direct holder)	_____
ID_RSSD_E2 (reportable company)	_____