

FOREIGN BANK REPRESENTATIVE OFFICE ANNUAL REPORT
For the Calendar Year Ending
December 31, 2024

1. Fill out the following information for your institution. Has any of this information changed since your last annual report? YES NO

Name	
Street Address, City, State & Zip Code	
Phone Number	
Email Address	
Fax Number	

2. Indicate the authority by which your institution is governed (i.e. Comptroller of the Currency, state banking department- specify which one):

If this information has changed since your last annual report, indicate the previous regulator:

3. Indicate the following information for your institution:

Website Address	
(800) Customer Number	
Customer Assistance Website	

4. Indicate the following contact information for your institution's Annual Renewal Contact person:

Name and Title	
Business Address (Street, City, State & Zip Code)	
Business Phone Number	
Emergency After Hours Phone Number	
Business Email Address	

5. Indicate the following contact information for your institution's alternate Annual Renewal Contact person:

Name and Title	
Business Address (Street, City, State & Zip Code)	
Business Phone Number	
Emergency After Hours Phone Number	
Business Email Address	

6. Indicate the following contact information for your institution's President:

President's Name	
Business Mailing Address (Street, City, State & Zip Code)	
Business Phone Number	
Business Fax Number	
Business Email Address	

7. Indicate the following contact information for your institution's Chief Executive Office or Managing Director:

Name and Title	
Business Mailing Address (Street, City, State & Zip Code)	
Business Phone Number	
Business Fax Number	
Business Email Address	

8. Indicate the number of employees trained during the reporting period in an approved Elder Financial Exploitation training class in accordance with the Illinois Elder Abuse and Neglect Act, 320 ILCS 20/3.5. Indicate zero if this question does not apply and your staff does not have direct contact with the public.

9. Indicate how many foreign banking representative offices this institution operates in Illinois: _____

10. Indicate the following information for each representative office maintained by the institution listed in #1. Please attach a separate document if more space is needed.

Representative Office Address (Street, City, State & Zip Code)	
Representative Office Phone Number	
Name & Title of Person Managing this location ('Manager')	
Manager's Email Address	
Activities Performed at this Office	

Representative Office Address (Street, City, State & Zip Code)	
Representative Office Phone Number	
Name & Title of Person Managing this location ('Manager')	
Manager's Email Address	
Activities Performed at this Office	

Representative Office Address (Street, City, State & Zip Code)	
Representative Office Phone Number	
Name & Title of Person Managing this location ('Manager')	
Manager's Email Address	
Activities Performed at this Office	

Representative Office Address (Street, City, State & Zip Code)	
Representative Office Phone Number	
Name & Title of Person Managing this location ('Manager')	
Manager's Email Address	
Activities Performed at this Office	

Representative Office Address (Street, City, State & Zip Code)	
Representative Office Phone Number	
Name & Title of Person Managing this location ('Manager')	
Manager's Email Address	
Activities Performed at this Office	

CERTIFICATION

I hereby certify that the information contained in this report is true and complete to the best of my knowledge and belief. I understand that the submission of false information with the intention to deceive the Secretary or his administrative officers is a felony, 205 ILCS 650/6.

Signature of Officer: _____ Title: _____

Typed Name: _____ Date: _____

Email Address _____ Phone Number: _____