OMB No.: 3064-0027
Expiration Date: 06/30/2024

REQUEST FOR DEREGISTRATION REGISTERED TRANSFER AGENT

DISCLOSURE OF ESTIMATED REPORTING BURDEN

Public reporting for this collection of information is estimated to average 25 minutes (0.42 hour) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Assistant Executive Secretary (Administration), FDIC, Room F-453, Washington, DC 20429; and to the Office of Management and Budget, Paperwork Reduction Project (3064−0027), Washington, DC 20503. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

1.	Name of Registrant		
2.	Location (City and State)		
	Registered Transfer Agent #	85-00	

3(a)	Explain why the registrant is eligible to deregister as a transfer agent at this time.
3(b)	Describe (1) any securities which will continue to be transferred, or for which the registrant is named as transfer agent and (2) the duties/functions which will be performed by the registrant.
3(c)	Describe any services which the registrant will continue to perform for securities issued by its parent/holding company or any affiliated organizations.
4.	State the date on which the registrant last transferred any securities for which registration would be required.
5.	State the name(s) and location(s) of the organization or person which will retain possession of the books and records which the registrant maintained for its registered transfer agent functions.
6.	State the name(s) and location(s) of any successor transfer agent(s). Also state whether any successor is a registered transfer agent and, if so, what its registered transfer agent number is.
7.	Describe any “out of proof” conditions in transfer agent issues or accounts.
8.	Describe any legal actions or proceedings, or potential claims, against the registrant in connection with the performance of its registered transfer agent functions.
9.	Describe any unsatisfied judgements or liens against the registrant arising out of performance of its registered transfer agent functions.

EXECUTION: I certify that the information contained herein is true and correct to the best of my knowledge and belief.

NAME AND TITLE OF OFFICIAL RESPONSIBLE FOR REQUEST	
SIGNATURE OF OFFICIAL RESPONSIBLE FOR REQUEST	DATE

NOTE:	Return the original, completed form to: Federal Deposit Insurance Corporation Attention: Examination Specialist – Trust 550 – 17th Street N.W., Room 5100 Washington, DC 20429
	A copy should also be kept for the registrant’s files.