**Note:** Please contact us at [DOBI.BankingReports@dobi.nj.gov](mailto:DOBI.BankingReports@dobi.nj.gov) with any questions regarding this Form.

Name of Reporting Institution Date

**Instructions:**

Use the space below to report the names of affiliates of your institution that sell and/or underwrite insurance. If there are no insurance companies within your corporate organization, please write “N/A” next to your institution’s name on the top of this form.

**Example:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Best Buys Insurance Agency** |  | **x** |  | **Life, Property, Liability Insurance** | **x** |  |  | **x** |  |

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|  | Relationship to Your Institution (check one) | | |  | Business Type | | | Status During 2023 | |
| Name of Company | Holding Company | Subsidiary | Affiliate | Type(s) of Insurance Products | Agency | Broker | Producer | Active | Inactive |
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