INSTRUCTIONS:

Please provide the following information as you would like it to appear on the Department of Banking and Insurance Internet site:

(Note: If not applicable, please so indicate by writing “n/a.”) Please contact us at [DOBI.BankingReports@dobi.nj.gov](mailto:DOBI.BankingReports@dobi.nj.gov) with any questions regarding this form.

**Bank Name:**

**Federal Employer ID Number (EIN):**

**Chief Executive Officer:**

**President:**

**Main Office Address:**

**Telephone Number:**

**Administrative Headquarter Address** *(if different from the above):*

**Internet (www) Address:**

**Bank Holding Company Name** *(top tier):*

**Primary Regulator of Bank Holding Company** *(top tier)***:**

**Bank Holding Company Name** *(mid-tier, if applicable):*

**Primary Regulator of Bank Holding Company** *(mid-tier, if applicable)***:**

**Contact Information for NJDOBI Correspondence:**

* **Executive Officer Contacts:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name | Title | Office Phone | Mobile Phone | Email |
| Primary |  |  |  |  |  |
| Backup |  |  |  |  |  |

* **Contacts for Regulatory Examinations:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name | Title | Office Phone | Mobile Phone | Email |
| Primary |  |  |  |  |  |
| Backup |  |  |  |  |  |

Signature of Reporting Official Title of Reporting Official