

# Liquidation—Interim Progress Report

## Federal Branch, Limited Federal Branch, Federal Agency Identifying Information

OCC License No. \_\_\_\_\_ Date Liquidation Started \_\_\_\_\_

Name \_\_\_\_\_  
(exact name of federal branch/limited  
federal branch/ federal agency)

Address \_\_\_\_\_ (office  
address, street, city, state, ZIP Code, country)

\_\_\_\_\_  
\_\_\_\_\_

## Liquidating Agent/Correspondent Identifying Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Since the (original/last reported) appointment of the liquidating agent/committee, senior management has made the following changes:

Name/Address of Appointee	Appointed to Succeed	Effective Date
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1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Report of Progress of Liquidation

Briefly summarize the progress of the liquidation during the past reporting period. Explain

the plans in progress for completing the liquidation, discuss the status of any pending litigation or court ordered liabilities, and state the anticipated liquidation completion date.

All creditor claims, including all claims asserted during the period of advertisement for claims, (have/have not) been paid fully or assumed by the bank.

Types of Outstanding Liabilities	Amount (in U.S. \$)
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	<b>Total</b> \$ _____

Aggregate book value of assets received originally by liquidating agent or committee \$ \_\_\_\_\_

Amount of cash received originally by liquidating agent of committee \$ \_\_\_\_\_

**Total**\$ \_\_\_\_\_

The present book value of remaining unliquidated assets \$ \_\_\_\_\_

Amount of cash on hand \$ \_\_\_\_\_

**Total**\$ \_\_\_\_\_

### **Fiduciary Activities (if applicable)**

If the federal branch or limited federal branch had a trust department, detail the disposition since liquidation.

Number of fiduciary accounts as of the effective date of liquidation: \_\_\_\_\_.

Number of fiduciary accounts closed, transferred, or otherwise disposed of since effective date of liquidation: \_\_\_\_\_.

Number of fiduciary accounts remaining: \_\_\_\_\_.

This report and any attachments/schedules are as of (date) and certified to be correct to the best of my knowledge and belief.

Executed this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Liquidating Agent)

\_\_\_\_\_  
(Correspondent for Committee)

(If there is a liquidating committee, every member of the committee should sign.)

_____	_____
_____	_____
_____	_____
_____	_____