

STATE OF HAWAII  
DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS  
DIVISION OF FINANCIAL INSTITUTIONS  
335 Merchant Street, Room 221  
P.O. Box 2054, Honolulu, HI 96805  
Telephone: (808) 586-2820

**FINANCIAL INSTITUTION HOLDING COMPANY  
REGISTRATION FORM**

In compliance with Section 412:11-104 of the Code of Financial Institutions,  
Chapter 412, Hawaii Revised Statutes, the following registration statement is made by:

---

Name of Financial Institution Holding Company ("Registrant")  
*(Please type or print clearly)*

---

Street Address

---

Mailing Address

Contact Person: \_\_\_\_\_  
*(Contact person should be able to answer questions regarding this Registration Form and any other correspondence with the Division of Financial Institutions.)*

Telephone No.: \_\_\_\_\_

**All of the above information must be provided; schedules or inserts may be attached to this application whenever the space provided is insufficient. If any of the information is contained in any other report filed with a regulatory agency (i.e., FDIC, FRB, OTS, or SEC), a copy of that report may be attached. Attached schedules or inserts are a part of this application and should be on 8-1/2 x 11 inch paper. Applications are to be securely bound.**

1. Name of financial institution (or financial institution holding company) which is controlled by Registrant.
  
2. State of incorporation or organization of Registrant.
  
3. Name and title of all executive officers of Registrant.
  
4. Name and principal occupation of all directors of Registrant.
  
5. Description of business activities of Registrant.
  
6. Name, address, and description of activities of all subsidiaries of the Registrant.
  
7. Are Registrant's stocks registered with the Securities and Exchange Commission?

8. Registrant's fiscal year ends \_\_\_\_\_.  
(Indicate month and day)

9. Copy of most recent annual financial statement, including profit and loss statement.

10. Name and address of an agent in this State who is authorized to receive service of process and any notices on behalf of the holding company.

Agent's Name \_\_\_\_\_  
(Please type or print clearly)

Agent's Address \_\_\_\_\_

THE UNDERSIGNED HEREBY CERTIFIES that the statements contained herein are true to my best knowledge and belief, and that they are made for the purpose of this Registration Form.

\_\_\_\_\_  
*Name of Registrant*

By: \_\_\_\_\_  
*Signature*

Its: \_\_\_\_\_  
*Title or Position*

Date: \_\_\_\_\_