

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

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FORM X-17F-1A

PLEASE TYPE OR
PRINT CLEARLY

MISSING/LOST/STOLEN/COUNTERFEIT
SECURITIES REPORT

1. REPORTING INSTITUTION: NAME _____
ADDRESS _____
_____ ZIP _____
ATTENTION: _____
TELEPHONE NO. _____
FIN/SIC IDENTIFIER NUMBER _____/() () ()

2. TYPE OF REPORT: LOSS RECOVERY UPDATE

3. DATE OF LOSS/RECOVERY _____

4. TYPE OF LOSS: MAIL DELIVERY ON PREMISES
 CLEARING OTHER _____

5. TYPE OF SECURITY: COMMON STOCK PREFERRED STOCK CORPORATE BOND
 MUNICIPAL BOND GOVERNMENT/AGENCY OTHER _____

6. NAME OF ISSUER _____

7. INTEREST RATE _____ 8. MATURITY DATE _____

9. CUSIP NUMBER _____

10. BEARER/NAME OF REGISTERED HOLDER _____

11. CERTIFICATE/SERIAL NUMBERS _____ 12. DENOMINATION/SHARES _____ 13. ISSUE DATE _____

14. ADDITIONAL PAGES ATTACHED 15. TOTAL CURRENT MARKET OR FACE VALUE \$ _____

16. COUNTERFEIT _____
If counterfeit - Distinguishing Characteristics

17. CRIMINALITY INDICATED REPORTS FILED WITH: 18. FBI 19. LOCAL POLICE

20. TRANSFER/PAY AGENT _____

21. INSURANCE COMPANY _____

22. _____ 23. _____
Authorized Signature Date

Persons who respond to the collection of information contained
in this form are not required to respond unless the form displays
a currently valid OMB control number.