

COMMODITY FUTURES TRADING COMMISSION

FORM SDR

SWAP DATA REPOSITORY
APPLICATION OR AMENDMENT TO APPLICATION FOR REGISTRATION

Chicago Mercantile Exchange Inc.

Exact name of Applicant as specified in charter

20 South Wacker Drive, Chicago, Illinois, 60606

Address of principal executive offices

- If this is an **APPLICATION** for registration, complete in full and check here.
- If this is an **APPLICATION FOR PROVISIONAL REGISTRATION**, complete in full and check here.
- If this is an **AMENDMENT** to an application, or to an effective registration (other than an annual amendment) list all items that are amended and check here and list below.
- If this is an **ANNUAL AMENDMENT** to an application, or to an effective registration (other than an annual amendment) list all items that are amended and check here and list below.

GENERAL INFORMATION

1. Name under which business is/will be conducted, if different than name specified above:

2. If name of business is being amended, state previous business name:

3. Contact information, including mailing address if different than address specified above:

Number and Street

City State Country Zip Code

Main Phone Number Fax

Website URL E-mail Address

4. List principal office(s) and address(es) where swap data repositories activities are conducted

<u>Office</u>	<u>Address</u>
Chicago Office	550 West Washington Blvd.
	Chicago, IL 60661

5. If Applicant is a successor to a previously registered swap data repository, please complete the following:

a. Date of succession

b. Full name and address of predecessor registrant

Name

Number and Street

City

State

Country

Zip Code

Phone Number

Fax Number

E-mail Address

6. Furnish a description of the function(s) that the Applicant performs or proposes to perform:

Chicago Mercantile Exchange Inc. proposes to perform all swap data repository services required and other services that are permitted by the Commodity Exchange Act and CFTC regulations.

Please indicate which asset class(es) the Applicant intends to serve:

Interest Rate

Equity

Credit

Foreign Exchange

Commodity (Specify) All

Other (Specify) _____

BUSINESS ORGANIZATION

7. Applicant is a:

Corporation

Partnership

- Limited Liability Company
- Other (Specify) _____

8. Date of formation: 12/30/1999

9. Jurisdiction of organization: Delaware

List all other jurisdictions in which Applicant is qualified to do business (including non-US jurisdictions):

10. List all other regulatory licenses or registrations of Applicant (or exemptions from any licensing requirement) including with non-US regulators:

Registered derivatives clearing organization and designated contract market

11. Fiscal Year End: December

12. Applicant agrees and consents that the notice of any proceeding before the Commission in connection with its application may be given by sending such notice by certified mail to the person named below at the address given.

Tim Maher - Chief Compliance Officer

Print Name and Title

550 West Washington Blvd.

Number and Street

Chicago

Illinois

60661

City

State

Country

Zip Code

312-930-2730

Timothy.Maher@cmegroup.com

Phone Number

Fax Number

E-mail Address


SIGNATURES

13. The Applicant had duly caused this application or amendment to be signed on its behalf by the undersigned, hereunto duly authorized, this 3rd day of December, 2012. The Applicant and the undersigned represent hereby that all information contained herein is true, current and complete. It is understood that all required items and Exhibits are considered integral parts of this form and that the submission of any amendment represents that all unamended items and Exhibits remain true, current, and complete as previously filed.

Chicago Mercantile Exchange Inc.

Name of Applicant

By:


 Manual Signature of Authorized Person

Kim Taylor, President, CME Clearing and CME SDR

Print Name and Title of Signatory