

1. Company name: _____
2. Name of Employee Stock Ownership Plan (ESOP): _____
3. Date and reason the ESOP was established: _____
4. Is the ESOP leveraged? Yes No

If "Yes", provide the date, terms and reasons for loan as well as the names of the parties selling shares to the ESOP and list any guarantors of the loan:

5. Complete the following table to show the relationship of the amount of stock owned by the ESOP compared to the total number of employer stock shares outstanding:

Year	Total Shares Outstanding	Number of Shares owned by the Plan	Value (\$) per Share	Percentage owned by the ESOP plan
Current Year			\$	%
1 st Prior Year			\$	%
2 nd Prior Year			\$	%
Year Established			\$	%

6. Is an independent valuation of the stock completed annually? Yes No

If "Yes", please provide the name of the entity that performed the valuation and list any other relationships that entity has with the plan or the Sponsor including, but not limited to, providing accounting, consulting or banking services:

7. When the ESOP was created, did it replace an existing employee benefit plan that was terminated? Yes No

If "Yes", please provide complete details including names and dates regarding distribution of assets, notices and promises to participants and acceptances by the participants:

8. Does the ESOP have a trustee that is not otherwise affiliated with the Sponsor?

Yes No

If "Yes", please provide the name and title of all independent trustees:

9. Does the ESOP have representation on the Sponsor's Board of Directors?

Yes No

If "Yes", please provide the name and title of all independent trustees:

10. How are the voting rights of the shares held by the ESOP exercised?

11. Please describe any financial transactions involving assets of the ESOP over the last three years, or anticipated in the next 12 months impacting more than 10% or over \$250,000 of the ESOP's total assets:

REQUIRED ATTACHMENTS

- Most recent Employee Stock valuation report if the Applicant sponsors an Employee Stock Ownership Plan
- Plan financial statement for an Employee Stock Ownership Plan

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE IS MAKING THE REPRESENTATIONS IN THIS APPLICATION ON BEHALF OF THE APPLICANT AND ALL ENTITIES OR PERSONS PROPOSED FOR COVERAGE UNDER THE POLICY.

_____ By Applicant

_____ Title (President, Chairman, or CEO)

_____ Date