

**INDEPENDENT EMPLOYEE BENEFIT PLAN ADMINISTRATORS SUPPLEMENT  
SUPPLEMENT TO THE GENERAL APPLICATION FOR SPECIFIED PROFESSIONS**

Applicant's Name: \_\_\_\_\_

1. Number of accounts: \_\_\_\_\_  
Number of plans administered: \_\_\_\_\_  
Number of participants of plans administered: \_\_\_\_\_
2. Number of Employed Accountants: \_\_\_\_\_  
Actuaries: \_\_\_\_\_  
Claims Administration Personnel: \_\_\_\_\_  
Data Processing Personnel: \_\_\_\_\_  
Insurance Agents/Brokers: \_\_\_\_\_  
Others: \_\_\_\_\_
3. Approximate percentage of all operations, with annual fees:
  - a) Pension and Welfare Fund Consulting \_\_\_\_\_% \_\_\_\_\_%
  - b) Administration of Employee Benefit Funds \_\_\_\_\_% \_\_\_\_\_%
  - c) Management of Investment Funds \_\_\_\_\_% \_\_\_\_\_%
  - d) Actuarial Services for Insurance Companies \_\_\_\_\_% \_\_\_\_\_%
  - e) Other: \_\_\_\_\_
4. Procedures utilized to ensure plans administered comply with ERISA:  
\_\_\_\_\_  
\_\_\_\_\_
5. Are actuarial certifications reviewed by a member of the Society of Actuaries or American Academy of Actuaries?  
[ ] Yes [ ] No.
6. Does the Applicant provide professional services to any benefit plan in which he retains ownership interest and/or is a partner, director, officer or trustee? [ ] Yes [ ] No. If yes, please provide complete details.
7. Total Dollar Amount of Claims Paid last year: \$ \_\_\_\_\_ Claims Draft Limit: \$ \_\_\_\_\_
8. Five Largest Accounts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Total Amount of Applicant's Fidelity Bond: \_\_\_\_\_

I understand information submitted herein becomes a part of my General Application for Specified Professions and is subject to the same representation and conditions.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant\*

\_\_\_\_\_  
Date

\*Signing this form does not bind the applicant or the Company or the Underwriting Manager to complete the insurance.