

**Supplement A – Application for Advance**

*Insurance Company Members*



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

Member Name: \_\_\_\_\_

Member Docket Number: \_\_\_\_\_

Advance Amount Requested: \$ \_\_\_\_\_

Advance Term Requested: \_\_\_\_\_

Expected Disbursement Date: \_\_\_\_\_

Purpose of Advance:

\_\_\_\_\_

If renewal of maturing advance, original effective date and dollar amount: \_\_\_\_\_

<b>Current Financial Data</b>	<b>As of Date:</b> _____
Outside borrowings: _____	Surplus: _____
Assets pledged to other creditors: _____	Total Assets: _____

<b>Financial Projections (next 4 quarters):</b>	QTR ____	QTR ____	QTR ____	QTR ____
Expected Advances:	_____	_____	_____	_____
Term of Advance:	_____	_____	_____	_____
Net Income:	_____	_____	_____	_____
Assets:	_____	_____	_____	_____
Total Borrowings:	_____	_____	_____	_____
Surplus:	_____	_____	_____	_____
Surplus Notes:	_____	_____	_____	_____

Does your institution expect any material announcement (earnings, regulatory action, change in control, etc.) in the next six months that will impact your financial condition? Please describe.

\_\_\_\_\_

\_\_\_\_\_

The undersigned represents and warrants that the information contained in this Supplement A is complete, correct, and accurate, to the best of his or her knowledge.

Name: _____
Title: _____ Phone #: _____