

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: _____

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

Financial Projections (next 4 quarters):	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 #: _____