I. APPLICATION INSTRUCTIONS AND NAME OF APPLICANT

Whenever used in this Questionnaire, the term "Applicant" shall mean the Parent Corporation and all subsidiaries, unless otherwise stated.

Name of Applicant: ____________________________________________________________

II. SPECIFIC COVERAGE INFORMATION

1. Please provide a breakdown of the Applicant's annual gross revenue by line of business. Percentages must total 100%:

Actuarial Services ................................................................. _________________ %

Administration of:
- Single Employer Plans .............................................................. %
- Multiple Employer Benefit Plans (Taft-Hartley Trusts) ..................... %
- Multiple Employer Welfare Arrangements (MEWAS) ....................... %
- Multiple Employer Trusts (METS) ............................................. %
- Flexible Spending Accounts .................................................... %
- Pension Plans .......................................................................... %

Electronic Data Collection & Processing ................................................. %

Human Resource Consulting Services .................................................... %

Insurance Services:
- Insurance Agent/Broker ......................................................... %
- Insurance Consulting (including plan design services) .................... %
- Insurance Premium Financing .................................................... %

Managed Care Services:
- Case Management Services .................................................... %
- Cost Containment Services ....................................................... %
- Credentialing Services ............................................................. %
- Utilization Review Services ...................................................... %

Payroll Processing ........................................................................ %

Software Design and/or Customization ................................................ %
(excludes software provided to clients in the course of providing TPA services)

Other (DESCRIBE) ........................................................................ %

2. What types of clients does the Applicant have?

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<tr>
<th>Single Employers</th>
<th>METs</th>
<th>MEWAs</th>
<th>Insurance Companies</th>
<th>PPOs</th>
<th>Public/Govt. Plans</th>
<th>Taft Hartley Trusts</th>
<th>HMOs</th>
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3. Provide the following:
   (a) Number of Plan Sponsors ___________________
   (b) Number of Participants for Plans Administered by the Applicant ___________________
   (c) Total Annual Contributions to the Plans Administered by the Applicant ___________________
   (d) Total Annual Benefit Payments Issued in the Administration of All Such Plans ___________________
   (e) Number of Plan Sponsors Added and Deleted in the Past Year ___________________
   (f) What Percentage of All Plans are:
       Self Funded with Stop Loss _____ % Self Funded w/o Stop Loss _____ % Fully Insured_____ %

4. (a) Does the Applicant act as the trustee for any clients or plans? Yes No
       (b) Does the Applicant have discretionary authority to invest plan funds? Yes No

5. (a) What percentage of claims are denied? _________ %
       (b) What percentage of denials are appealed? _________ %
       (c) How often does the Applicant conduct internal audits of claim files? _________________
       (d) How often does the Applicant hold external audits of claim files? _________________

6. Does the Applicant have procedures in place to prevent:
   Overpayments   Late Payments
   Payments to Wrong Party   Payments from Wrong Fund
   Payments of Ineligible Expenses   Failure to Follow Payment Guidelines or Procedures
   Underpayments

7. (a) Does the Applicant set reserves for claims on behalf of the client? Yes No
       (b) Who has the final authority? ___________________

8. Does the Applicant have signature authority on claim checks? Yes No
   If "yes", what is the level of signature authority? $ _________________

9. Please provide a percentage breakdown of personnel:
   _____% Full-Time Employees   _____% Part-Time Employees   _____% Independent Contractors

10. What is the Applicant's average annual employee-turnover for past 3 years? _________________ %

11. Does the Applicant carry a fidelity insurance policy? Yes No
    If "Yes," please provide:
     Carrier _______________________________________________________________________________
     Limit _______________________________________________________________________________
     Policy Period _________________________________________________________________________

This Questionnaire must be signed by an officer of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date  Signature  Title

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