

Banking & Financial Institutions Supplement

N/A

Financial institution means any savings and loan association, bank, credit union, savings bank, banking and loan association, commercial banking institution or any lending affiliate thereof.

Please attach a separate sheet for additional financial institutions to explain your activities more fully.

1. Has any financial institution client been declared insolvent or operated under regulatory direction or regulatory agreement by the FDIC, OCC, OTS or any other governmental agency? Yes No
If "Yes", in the table below, provide the name and location of the financial institution, the dates and nature of the services provided, and estimated billings received.

2. Has any member of your firm:
 - i. Had a loan commitment with any financial institution while they were a client? Yes No
 - ii. Held stock or other equity interest in any financial institution while they were a client? Yes No
 - iii. Participated or assisted in the preparation of any financial institution's response to regulatory examination reports? Yes No
 - iv. Participated or assisted in the rendering of advice on regulatory issues? Yes No
 - v. Acted in the capacity of, or provided legal services pertaining to:

| | | | | | |
|---|-----|----|-------------------------------|-----|----|
| a. General Counsel | Yes | No | f. Regulatory Counsel | Yes | No |
| b. Investment Advisory Committee Member | Yes | No | g. Executive Committee Member | Yes | No |
| c. Loan Policy Committee Member | Yes | No | h. Audit Committee Member | Yes | No |
| d. Loan Closings | Yes | No | i. Loan Documentation | Yes | No |
| e. Litigation | Yes | No | j. Securities Work | Yes | No |

(If "Yes" to any parts of questions (b) or (c) above, please explain and provide details on a separate sheet of paper.)

- vi. What is the highest percentage of the Applicant Firm's annual gross revenues, in any of the past three (3) fiscal years, which were attributable to legal services rendered to any single financial institution client? %

*If 1 and 2 are marked "No" further information is not required. Please sign and date below.

Complete the following only if required in items 1 & 2 above. Attach additional sheets if necessary

| FINANCIAL INSTITUTION AND LOCATION | GENERAL DESCRIPTION OF SERVICES PROVIDED | DATE(S) OF SERVICES mm/dd/yyyy | ATTORNEY(S) OFFICIAL CAPACITIES EQUITY VALUE OF OWNERSHIP | |
|------------------------------------|--|-----------------------------------|---|--|
| Name: | | From: | Attorney(s): | |
| City: | | To: | Official Capacity: | |
| State: | | \$ Billing: | % Of Ownership: | |
| Insolvency Dates: | | \$: | | |
| Name: | | From: | Attorney(s): | |
| City: | | To: | Official Capacity: | |
| State: | | \$ Billing: | % Of Ownership: | |
| Insolvency Dates: | | \$: | | |

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

Sign and date in ink

Signature:

Title:

Date:

Print Name:

Name of Firm: