

11. Does the ESOP have a representative on the company's board of directors? Yes No **If yes, how many board positions do ESOP participants hold?**

12. Is there any vesting requirement for the ESOP shares allocated? Yes No **If yes, what time period?**

I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Private Company Protection Plus application and is subject to the same conditions as stated on the application.

Name (Please Print)

Title **(Must be signed by the President, Chairman or CEO)**

Signature

Date

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date