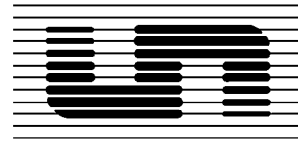




Underwriting Manager
 DORAN EXCESS UNDERWRITERS, INC.
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FINANCIAL PRODUCTS SUPPLEMENTAL QUESTIONNAIRE

1. a. Number of owners, partners, officers and employees that have the following NASD licenses:
 Series 6 _____ Series 22 _____ Series 24 _____
 Series 7 _____ Series 62 _____ Other _____
- b. Are all of the above licensed insurance agents? Yes No
- c. Name(s) of Broker/Dealer organization(s) that have appointed the above as Registered Representatives:

- d. Is any owner, partner, officer or employee a principal in a Broker/Dealer? Yes No
 If yes, please explain: _____

Please answer separately for each Broker/Dealer listed in 1c. (make copies as necessary)

2. What is the name of the Broker/Dealer's parent or holding company? _____

3. Does the Broker/Dealer's E&O coverage apply to your agency's Registered Representatives?
 Yes No If yes, what are the limits of liability and with what company:
- | Limits of Liability | Company |
|---------------------|---------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

4. Who has the authority to accept new accounts? _____
5. Are confidential customer questionnaires required by the Broker/Dealer? Yes No
6. Who provides the sales literature? _____
7. Are Registered Representatives allowed to modify the sales literature? Yes No
 If yes, please explain _____

8. Indicate which of the following professional activities contributed to your agency's **total gross income** (commissions + override commissions + fees) last year. Please indicate what percentage each of the following represents. **Show "0" if none. Total must equal 100%.**

a. Insurance:	b. Mutual Funds	_____ %
Payroll Deduction:	c. Other Securities (please specify type)	_____ %
Life _____ %	_____ %	_____ %
Variable Life _____ %	_____ %	_____ %
Fixed Annuities _____ %	_____ %	_____ %
Variable Annuities _____ %	d. Pension:	_____ %
Disability Income _____ %	Administration _____ %	_____ %
Long Term Care _____ %	Consulting _____ %	_____ %
Property/Casualty _____ %	e. Actuarial Services: _____ %	_____ %

Health
 Fully Insured _____ %
 Not Fully Insured _____ %
 METs or MEWAs
 Fully Insured _____ %
 Not Fully Insured _____ %
 HMO/PPO/DSP _____ %
 Non-Payroll Deduction:
 Life _____ %
 Variable Life _____ %
 Fixed Annuities _____ %
 Variable Annuities _____ %
 Disability Income _____ %
 Long Term Care _____ %
 Property/Casualty _____ %
 Health
 Fully Insured _____ %
 Not Fully Insured _____ %
 METs or MEWAs
 Fully Insured _____ %
 Not Fully Insured _____ %
 HMO/PPO/DSP _____ %

f. Structured Settlements:
 Sales _____ %
 Administration _____ %
 g. Claims Administration: _____ %
 h. Other (please specify):
 _____ %
 _____ %
 _____ %
Total (a through h, must equal 100%) _____ %

Name of Agency: _____
 Signature - Authorized Representative: _____ Date: _____
 Please Print Name and Title: _____