



Euclid Vanguard  
Fiduciary Liability  
ESOP  
Supplemental Application

**SOLIDARITY PROTECTION GROUP**

a voluntary membership organization operating pursuant to the Liability Risk Retention Act of 1986 and whose principal office is:  
4323 Warren Street, NW, Washington, DC 20016-2437

**Euclid ESOP**  
**Supplemental Application**

| Question                                      |  |
|---|--|
| 1. What is the Date the ESOP was established? |  |
| 2. What is the Date the ESOP was leveraged?   |  |

| 3. Financials           |      | Company Common Stock Outstanding |                       |                       | ESOP Co. Common Stock Owned |                               |                                 |
|-------------------------|------|----------------------------------|-----------------------|-----------------------|-----------------------------|-------------------------------|---------------------------------|
|                         | Year | Dollar Value<br>(000)            | Total Shares<br>(000) | Dollar Value<br>(000) | Total Shares<br>(000)       | % Owned<br>of Total<br>Shares | % Owned<br>of Total \$<br>Value |
| a. Date ESOP            |      |                                  |                       |                       |                             |                               |                                 |
| b. Each year thereafter |      |                                  |                       |                       |                             |                               |                                 |
|                         |      |                                  |                       |                       |                             |                               |                                 |
|                         |      |                                  |                       |                       |                             |                               |                                 |
|                         |      |                                  |                       |                       |                             |                               |                                 |

|   |  |
|---|--|
| 4. List reasons for establishing ESOP:  |  |
| 5. Were any employee benefit plans terminated when the ESOP was established? List dates and complete details about distribution of assets, notice, promises and acceptance by participants. |  |
| 6. Any dissident reaction/action by employees or plans participants? Give details.  |  |
| 7. If a leveraged ESOP (i.e., -any financing arrangements), give information concerning such financing for last 5 years. Include number of shares owned and balances due each year.         |  |

|  |  |
|--|--|
| 8. Do employees have voting rights?  |  |
| 9. Is there employee representation on the board? If so, how many seats do ESOP participants hold?   |  |
| 10. Is an independent valuation of the company stock completed annually? If so, by whom?<br><b>Please forward a copy of the most recent valuation.</b> |  |
| 11. How do employees “cash-out”? (i.e. Is there a buyback provision?)  |  |
| 12. If there are shares unallocated to participants, who votes those shares?   |  |
| 13. Is there any vesting requirement for the ESOP shares allocated? If so, what is the time period?  |  |
| 14. Are there any other Employee Benefit Plans? If so, please offer a quick description of each.   |  |

**Required Attachment:** Please provide a copy of the most recent valuation.