

Federal Home Loan Bank of Indianapolis

Membership Application Instructions

INSURANCE COMPANY

1. Prepare and submit an original of this membership application to:

Credit Services Department
Federal Home Loan Bank of Indianapolis
8250 Woodfield Crossing Boulevard
Indianapolis, IN 46240

2. Prepare and include with the application the following documents:
 - (a) The insurance company's latest annual and quarterly financial report filed with its appropriate regulatory agency.
 - (b) A copy of the most recent audited financial statements and management letter for the insurance company as prepared by an independent certified public accountant, or in absence thereof, the latest internal audit.
 - (c) The insurance company's latest Form 10-Q and Form 10-K filed with the SEC.
 - (d) A copy of the insurance company's charter and bylaws.
 - (e) A list of all directors, senior officers, and subsidiaries of the insurance company. For each subsidiary, please provide its primary activities.
 - (f) The most recent report of examination prepared by the insurance company's primary regulatory agency.
 - (g) The insurance company's "Home Financing Policy" (see page 8 of the application form).
 - (h) De novo (chartered less than three years) insurance companies should provide a copy of their business plan; including a minimum of three years of pro forma financial statements.

3. To meet the requirement of Makes Long-Term Home Mortgage Loans (12 CFR 1263.9), an applicant's most recent regulatory financial report filed with its appropriate regulator must reflect that the applicant's balance sheet prior to FHLBI membership approval contains at least \$1.0 million of long-term home mortgage loans (as defined in 12 CFR 1263.1)

If you have any questions regarding completion of this application, please call:

John Bingham, VP, Credit Risk Manager (317) 465-0323
jbingham@fhlbi.com

Pam Gordon, AVP, Senior Insurance Industry Analyst (317) 465-0306
pgordon@fhlbi.com

Federal Home Loan Bank of Indianapolis

MEMBERSHIP APPLICATION

INSURANCE COMPANY

Name of Insurance Company: _____

Street Address: _____

P.O. Box: _____

City, State and Zip Code: _____

Telephone Number: _____

Fax Number: _____

Website Address: _____

Federal Tax Identification Number: _____

NAIC Number: _____

Name and Title of Primary Contact Person: _____

Telephone Number: _____ Extension: _____

E-Mail Address: _____

GENERAL INFORMATION

1. Name and Title of Managing Officer: _____

2. Type of Organization: _____

3. Has the applicant ever been a member of the Federal Home Loan Bank System?

If so, when? _____

Why did applicant withdraw from membership? (attach a separate sheet)

4. Is the insurance company operating under any form of formal enforcement action by any of its regulatory authorities? _____

If so, please attach a copy of the agreement or a separate sheet with a brief explanation regarding the nature of the agreement.

5. What is the date of the insurance company's fiscal year-end? _____

NAME OF INSURANCE COMPANY: _____

6. Capital Requirement Information:

a. Does the insurance company meet all applicable regulatory capital requirements?

b. Please describe the nature of any applicable capital requirements and the federal or state agency that imposes it.

7. Merger Activity Information:

a. Has there been any merger or acquisition activity in the last two years of operation?

b. Are there any pending mergers that will take place in the next two quarters?

(If so, please attach a separate sheet briefly explaining.)

FHLBank of Indianapolis

NAME OF INSURANCE COMPANY: _____

COMPUTATION OF FHLBANK CAPITAL STOCK REQUIREMENT AS OF

Date - Latest Quarter-End

| | | | |
|--|-----|-----------------|--|
| First Mortgage Residential Real Estate | | \$ _____ | |
| Less: Construction Loans Included in First Mortgage Residential Real Estate | | < \$ _____ > | |
| Total Adjusted First Mortgage Residential Real Estate | 1. | \$ _____ | |
| Multi-Family Loans | 2. | \$ _____ | |
| GNMA Mortgage-Backed Pass-Through Securities | 3. | \$ _____ | |
| FNMA Mortgage-Backed Pass-Through Securities | 4. | \$ _____ | |
| FHLMC Mortgage-Backed Pass-Through Securities | 5. | \$ _____ | |
| Other Mortgage-Backed Pass-Through Securities | 6. | \$ _____ | |
| Total Sum of Lines 1 to 6 | 7. | \$ _____ | |
| 0.75 Percent of Line 7 Rounded to the Next Highest \$100 | 8. | \$ _____ | |
| Minimum Requirement | 9. | \$ 1,000 | |
| Dollar Amount of FHLB Stock Required Greater of Line 8 or Line 9 | 10. | \$ _____ | |

NOTE: Do not include CMOs, REMICs or other mortgage-derivative products with the Mortgage-Backed Pass-Through Securities listed above.

FHLBank of Indianapolis

NAME OF INSURANCE COMPANY: _____

**APPLICATION FOR MEMBERSHIP AND
PURCHASE OF STOCK IN FEDERAL HOME LOAN BANK**

Date of Application

The undersigned applicant hereby applies for membership in the Federal Home Loan Bank of Indianapolis (FHLBank) and, if approved for membership, will purchase _____ shares of stock at the par value of \$100 each in the FHLBank, and agrees to make payment in the amount of \$_____ as payment of said stock purchase within 60 calendar days of approval for FHLBank membership.

Applicant is of the opinion that it is eligible to become a member of the FHLBank and that it is authorized to purchase and hold capital stock in the FHLBank and to maintain deposits there. Applicant understands that this application must be considered, acted upon, and approved by the Federal Housing Finance Agency (FHFA) before becoming a member of the FHLBank.

In submitting this application, applicant understands and agrees that:

1. Applicant will be advised whether or not its application for membership is approved.
2. If admitted to membership, applicant will conform to all requirements of the Federal Home Loan Bank Act, as now or hereafter amended, and to the rules and regulations thereunder.
3. In applying for, and if applicant is admitted to membership, the FHFA and the FHLBank are authorized to receive any information, examination reports and other supervisory materials provided by the appropriate state or federal regulatory authority or officer exercising supervisory authority over applicant regarding applicant and its affairs.
4. Applicant will not represent itself to be a member of the FHLBank until applicant has received notice of approval of membership and has purchased its minimum stock requirement.

FHLBank of Indianapolis

NAME OF INSURANCE COMPANY: _____

AFFIDAVIT OF MANAGING OFFICER

State of }
 }
County of } SS

I, _____, Managing Officer of

 Name of Insurance Company

do solemnly swear that, to the best of my knowledge and belief, the books of said insurance company correctly reflect the true financial condition thereof; that said insurance company has no undisclosed assets nor any undisclosed liabilities either real or contingent that are not recorded therein; that all notes, mortgages, or other instruments supporting the assets recorded on the insurance company's books are in full force and effect and that the signatures appearing thereon are genuine; and that there are no undisclosed commitments, no material pending suits, nor unsatisfied judgments against the insurance company, except as follows:

 Managing Officer

Subscribed and sworn to this

_____ day of _____, 20 _____

NAME OF INSURANCE COMPANY: _____

**OFFICER CERTIFICATION ON
CORPORATE, DIRECTOR, AND SENIOR OFFICER CONDUCT**

I certify that I am the chairperson, managing officer, or other duly authorized officer of the above applicant and that it is authorized under the laws of the United States and of this State, and under its corporate charter, constitution and bylaws, and by board resolution to apply for membership in, buy stock, do business with, open accounts, maintain deposit(s) in, become a member of the Federal Home Loan Bank referred to, and pay the expenses incident to such application; and that the foregoing has been legally done and validly executed to accomplish such purposes.

Furthermore, at the present time, I certify that except as described in a separate document filed with this membership application:

Enforcement Actions

Neither the applicant nor any of its directors or senior officers is subject to, or operating under, any enforcement action instituted by its appropriate regulator.

Criminal, Civil or Administrative Proceedings

Neither the applicant nor any of its directors or senior officers has been the subject of any criminal, civil or administrative proceedings reflecting upon creditworthiness, business judgment or moral turpitude since the most recent regulatory examination report.

Criminal, Civil or Administrative Monetary Liabilities, Lawsuits or Judgments

There are no known potential criminal, civil or administrative monetary liabilities, material pending lawsuits or unsatisfied judgments against the applicant or any of its directors or senior officers since the most recent regulatory examination report, that are significant to the applicant's operations.

Date: _____

Chairperson or Managing Officer

NAME OF INSURANCE COMPANY: _____

I certify that I am the duly elected, qualified, and acting secretary of the above mentioned applicant and that at a regular meeting of its board of directors/trustees or at a special meeting thereof called for that purpose, a quorum being present, a resolution was adopted, and recorded in the minutes as follows:

"BE IT RESOLVED that this insurance company applies for membership in the Federal Home Loan Bank of Indianapolis, that if approved for membership it will subscribe and pay for stock therein as provided in the Federal Home Loan Bank Act, as amended, and that it be fully authorized to do business with, and exercise all of the privileges of membership in said Federal Home Loan Bank as provided in said Act;"

"BE IT FURTHER RESOLVED that the managing officer and secretary be authorized and directed to execute an application as prescribed by the Federal Housing Finance Agency and any other papers and documents required in connection therewith, to pay all expenses, and to do all other things necessary or proper in connection with applying for, obtaining and retaining such membership privileges thereof as the said Agency may by regulations prescribe."

I further certify that, pursuant to said resolution, the foregoing application for membership was duly executed and that any information and documents required by the Federal Housing Finance Agency are attached or accompany the same, that said information is correct and said documents are true and correct copies of what the same purport to be.

Secretary

NAME OF INSURANCE COMPANY: _____

A requirement for membership in the Federal Home Loan Bank System is that an applicant demonstrates its "compliance with sound and economical home financing." This requirement can be satisfied through submission of a Home Financing Policy that is considered to be sufficient by the Federal Home Loan Bank of Indianapolis.

If the applicant does not have a Home Financing Policy, an applicant is required to submit a written justification explaining management's commitment to meet the credit needs of the local communities in which the insurance company is chartered, consistent with safe and sound operation.

Examples of management's commitment may include:

1. Describe in what ways your insurance company participates in community development and displays community support.
2. Describe products and/or services offered that are designed toward community investment.
3. Describe management's philosophy or strategy regarding the origination, purchase and/or holding of mortgage-related assets (MRAs) that reflect support to the communities in which the insurance company markets its products. MRAs include single-family home mortgage loans, home equity loans and lines-of-credit, multi-family home mortgage loans (apartment buildings, college dormitories, nursing homes/care centers for elderly individuals, etc.), and pass-through, mortgage-backed securities and collateralized mortgage obligations (CMOs and REMICs) backed by residential mortgage loans.
4. If the insurance company originates mortgage loans on residential properties, does the insurance company participate in the origination of subprime, non-traditional and/or predatory type products?
5. When the insurance company purchases MRAs, explain the insurance company's policies and/or practices to attempt at ensuring the underlying mortgage collateral is not subprime, non-traditional and/or predatory type products.
6. List any other information that reflects the insurance company's "compliance with sound and economical home financing."