

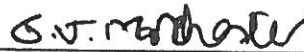
CERTIFICATE OF INSURANCE

NAMED INSURED: Marsh & McLennan Companies, Inc.
ADDITIONAL INSURED: Mercer Health & Benefits LLC
INSURER: Epsilon Insurance Company, Ltd.
POLICY NUMBER: EO09100930
POLICY PERIOD: September 30, 2009 – September 30, 2010
LIMIT OF LIABILITY: Each Claim Aggregate
\$10,000,000 \$10,000,000
TYPE OF INSURANCE: Professional Liability

CERTIFICATE HOLDER: EVIDENCE OF INSURANCE

Should the above described policy be cancelled before the expiration date thereof, the Insurer will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the Insured, the Insurer, their manager, agents or representatives.

Epsilon Insurance Company, Ltd.



Authorized Representative

Date: October 13, 2009

**On Behalf of Marsh Management
Services Cayman, Ltd.
As Assistant Secretary**

PLEASE REFER ALL INQUIRIES TO MARSH & MCLENNAN COMPANIES, INC.,
RISK MANAGEMENT DEPT., 1166 AVENUE OF THE AMERICAS, NEW YORK,
NEW YORK 10036

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/14/2009

PRODUCER

Marsh USA, Inc.
1166 Avenue of the Americas
New York, NY 10036THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

014026-MMC-AII-2008

INSURED

Mercer Health & Benefits LLC

INSURERS AFFORDING COVERAGE

NAIC

INSURER A: National Union Fire Ins Co Pittsburgh PA

19445

INSURER B: Illinois National Ins Co

23817

INSURER C: New Hampshire Ins. Co.

23841

INSURER D:

INSURER E:

COVERAGES

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THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

SR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
TR	INSRD					
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GL 6506342	09/30/09	09/30/10	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	CA 6506184 (AOS) CA 6506185 (VA)	09/30/09 09/30/09	09/30/10 09/30/10	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	BE 31163351	09/30/09	09/30/10	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC 4289068 (AOS) WC 4289069 (CA) WC 4289070 (*See attached) WC 4289071 (FL)	09/30/09 09/30/09 09/30/09 09/30/09	09/30/10 09/30/10 09/30/10 09/30/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
C		OTHER	WC 4289072 (NY) WC 4289073 (TX) WC 4289074 (OR) WC 4289075 (MI,NV,OH,WA,WY)	09/30/09 09/30/09 09/30/09 09/30/09	09/30/10 09/30/10 09/30/10 09/30/10	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

NYC-003935408-04

CANCELLATION

EVIDENCE OF INSURANCE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.
Ricki Fitzsimmons

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ADDITIONAL INFORMATION

NYC-003935408-04

DATE (MM/DD/YY)

10/14/2009

PRODUCER

Marsh USA, Inc.
1166 Avenue of the Americas
New York, NY 10036

014026-MMC-AII-2008

INSURED

Mercer Health & Benefits LLC

INSURERS AFFORDING COVERAGE**NAIC #**

INSURER F:

INSURER G:

INSURER H:

INSURER I:

TEXT

* WC 4289070 (AR, DE, GA, MA, MS, MT, NC, TN, VA)

CERTIFICATE HOLDER

EVIDENCE OF INSURANCE

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.
Ricki Fitzsimmons

