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| PRODUCER NAPA BENEFIT SERVICES 9024 TOWN CENTER LAKEWOOD RANCH, FL 34202 | | THIS 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 | |
| INSURED BLANCO, EDWIN JONATHAN 127 SOUTH BRAND BLVD STE 315, 3RD FLR GLENDALE, CA 91204-1342 | | INSURERS AFFORDING COVERAGE | |
| | | INSURER A | CNA - CONTINENTAL CASUALTY C |
| | | INSURER B | |
| | | INSURER C | |
| | | NAIC# 31127 | |

COVERAGES

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.

| INST LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|----------|--|---------------|----------------------------------|-----------------------------------|--|-------------|
| | GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMITY APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | EACH OCCURANCE | \$ |
| | | | | | FIRE DAMAGE (Any one fire) | \$ |
| | | | | | MED EXP (Any one person) | \$ |
| | | | | | PERSONAL & ADV INJURY | \$ |
| | | | | | GENERAL AGGREGATE | \$ |
| | | | | | PRODUCTS-COMP/OP AGG | \$ |
| | AUTOMOBILE LIABILITY <input 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 | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | | | | BODILY INJURY (per person) | \$ |
| | | | | | BODILY INJURY (per accident) | \$ |
| | | | | | PROPERTY DAMAGE (per accident) | \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY-EA ACCIDENT (Ea accident) | \$ |
| | | | | | OTHER THAN EA ACC | \$ |
| | | | | | AUTO ONLY: AGG | \$ |
| | EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ | | | | EACH OCCURANCE | \$ |
| | | | | | AGGREGATE | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATUTORY OTHER LIMITS | \$ |
| | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | E.L. DISEASE-EA EMPLOYEE | \$ |
| | | | | | E.L. DISEASE-POLICY LIMIT | \$ |
| A | LIFE/HEALTH INSURANCE AGENTS ERRORS AND OMISSIONS COVERAGE | 169950631 | 1/1/2008 | 1/1/2009 | Per Claim | \$1,000,000 |
| | | | | | Annual Aggregate | \$1,000,000 |

This is a non-refundable individual agent's E&O claims made policy. In the case a business name appears on this certificate, coverage is extended from the individual insured to the corporation named but only for the covered acts of the individual insured. This policy includes coverage for products and services of all life and health companies including variable life, variable annuities, and mutual funds sales and servicing, subject to all terms, conditions, and exclusions of the policy. The following deductibles apply to this policy: \$500 for GAFFRI/UTA product claims, \$1,500 for non GAFFRI/UTA product claims. Defense costs are provided and included within the limits of liability. All premium is earned as of the policy inception date. This policy cannot be cancelled by the insured. Coverage under this policy is in force only if the agent named above is actually appointed with the sponsoring company as of the coverage effective date. If agent's contract terminates with the sponsoring company, coverage ceases immediately for any new business. There is an automatic extended reporting period only for products of the sponsoring company. Please contact your plan administrator for details of the E.R.P.

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|---------------------------|-------------------------------------|--|
| CERTIFICATE HOLDER | ADDITIONAL INSURED, INSURED LETTER: | CANCELLATION |
| PROOF OF INSURANCE | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL WITHIN 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:  |