

Individual Excess Loss Insurance-Firm

Reimbursement Percentage:	100%	Lifetime Maximum (per person):		\$2,000,000
Covered Expenses:	Medical Services including Prescription Drugs defined as Rx Card and Mail Order			
Commissions Payable on Individual Premium:	0.00%			
Individual (Specific) Deductible:	\$175,000		\$200,000	
Claims Basis:	PAID	TLO**	PAID	TLO**
Enroll/Rates (Composite):	1200	\$96.34	1200	\$80.34
Single	520	\$54.98	520	\$45.33
Family	680	\$127.97	680	\$107.12
Estimated Total Premium:	\$1,387,310.40		\$1,156,958.40	

Aggregate Excess Loss Insurance-Firm

Reimbursement Percentage:	100%	Maximum Reimbursement:		\$1,000,000
Covered Expenses:	As defined below			
Aggregate Corridor (Margin):	125%			
Commissions Payable on Aggregate Premium:	0.00%			

Medical Services including Prescription Drugs defined as Rx Card and Mail Order

Enroll/Monthly Factors (Composite):	1200	\$1,345.04	1200	\$1,364.49	***
Single	520	\$687.06	520	\$697.00	
Family	680	\$1,848.19	680	\$1,874.94	
Estimated Minimum Agg Deductible:	\$19,368,576		\$19,648,656		

Total Aggregate Attachment & Premium**Medical Services including Prescription Drugs defined as Rx Card and Mail Order**

Individual (Specific) Deductible:	\$175,000	\$200,000
Claims Basis:	PAID	TLO**
Total Expected Claims:	\$15,494,861	\$15,718,925
Estimated Minimum Agg Deductible:	\$19,368,576	\$19,648,656
Premium Rate PEPM:	\$2.14	\$2.29
Estimated Total Premium:	\$30,816.00	\$32,976.00

Total Fixed Cost

Monthly Premium Rate per Emp	\$98.48	\$82.63
Est Total Premium	\$1,418,126.40	\$1,189,934.40

** TLO denotes Terminal Liability Option

Note: Claims incurred but unpaid at contract termination will not be covered unless aggregate and/or specific Terminal Liability Option has been renewed.

*****Terminal Aggregate Factors*****

Deductible	Single Factor	Family Factor
\$175,000	\$2,061.18	\$5,544.57
\$200,000	\$2,091.00	\$5,624.82

RENEWAL QUALIFICATIONS

Quoted rates and factors reflect a full-service hospital/physician plan of benefits utilizing the Blues network. Any change in the network or plan design will require a re-pricing of the rates and factors.

This renewal offer is based upon the current Schedule of Benefits as defined in the most currently approved Plan Document and supplemental amendments.

Any plan changes that are proposed at renewal and implemented will need a Plan Document amendment submitted to Symetra within 60 days to be effective at the renewal date. Otherwise, if the amendment is received after 60 days from the renewal effective date, we will use the date the amendment is received by Symetra.

All shock claims over \$30,000 including diagnosis/prognosis and information on any known serious diagnosis/potential large claim (even if not yet paid) have been disclosed.

Offer assumes the monthly claims and lives report provided is complete and current through 5/31/09 reflecting claims on a Paid contract.

Any unfunded or pended claims balance must be disclosed, otherwise such claims will not be considered eligible under the Excess Loss Policy.

If the average monthly paid claims in the last 2 months of the current policy year exceed 125% of the average monthly paid claims in the first 10 months of the current policy year, Symetra will reserve the right to re-price the rates and factors shown on this proposal.

Minimum Attachment Point: 100% of the product of the first month's covered units times the Monthly Attachment Factors x 12.

At the renewal effective date, if the enrollment census provided for renewal varies by more than 10% of what was quoted, Symetra will reserve the right to re-price the Individual rates and Attachment factors shown on this proposal.

Symetra standard policy provisions, limitations and exclusions apply.

Individual Excess Loss Terminal Provision

If the Individual Excess Loss benefits terminate at the end of the Policy Period, paid claims will apply toward the Individual Deductible for a Terminal Run-out Period of 3 months.

This provision will not apply if the Individual Excess Loss benefit terminates before the end of the Policy Period.

Aggregate Excess Loss Terminal Provision

If the Aggregate Excess Loss benefit terminates at the end of the Policy Period, paid claims will apply toward the Aggregate Attachment Point for a Terminal Run-out Period of 3 months.

The Annual Aggregate Attachment Point for the Policy Period will be increased by an amount equal to the average number of Covered Units during the last 3 months of the Policy Period multiplied by the terminal factor(s).

The provision will not apply if the Aggregate Excess Loss benefit terminates before the end of the Policy Period.

NOTE: If Aggregate TLO is renewed then the Individual TLO must also be renewed.