



CERTIFICATE OF INSURANCE

NOTICE:

THIS INSURANCE PROVIDES COVERAGE ON A CLAIMS-MADE AND REPORTED BASIS AND, SUBJECT TO THE PROVISIONS OF THE POLICY, APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST AN INSURED AND REPORTED TO THE INSURER IN ACCORDANCE WITH SECTION VII, NOTICE. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

NAMED INSURED:
Michael P Smith
6767 W Sunset Blvd Ste 8-500
Los Angeles, CA 90028


PRODUCER:
Marsh Consumer
a service of Seabury and Smith
P.O. Box 14458
Des Moines, IA 50306-3458

COMPANY AFFORDING COVERAGE: Continental Casualty Company, one of the CNA Companies

COVERAGE
THIS IS TO CERTIFY THAT THE INSURED LISTED ABOVE IS COVERED UNDER THE POLICY OF INSURANCE LISTED BELOW, FOR THE CERTIFICATE PERIOD INDICATED. THE INSURANCE AFFORDED BY THE POLICY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY.

Policy Number	Certificate Number	Certificate Period		Limits of Liability
		<i>Effective Date</i>	<i>Expiration date</i>	\$ <u>1,000,000</u> <i>Each Claim</i>
287287986	NEB18511	04/01/2010	04/01/2011	\$ <u>2,000,000</u> <i>Aggregate</i>

Retention:		
	Life, Accident, and Health	\$ <u>500</u> <i>Each Claim</i>
	Indexed Annuities/Fixed Annuities (if purchased)	\$ <u>2,500</u> <i>Each Claim</i>
	Variable Annuities (if purchased)	\$ <u>5,000</u> <i>Each Claim</i>
	Disability Income Insurance (if purchased)	\$ <u>2,500</u> <i>Each Claim</i>
	Mutual Funds (if purchased)	\$ <u>5,000</u> <i>Each Claim</i>
	Per Registered Investment Adviser, (if purchased)	\$ <u>Not Purchased</u> <i>Each Claim</i>

<u>NOTICE OF CLAIMS:</u>	Life Agent Notice Intake Administrator CNA 40 Wall Street, 8th Floor New York City, NY 10005 or via e-mail at <u>CANEWCLAIMS@CNA.com</u>
<i>Named Insured's Endorsements attached at Certificate Inception:</i> GSL7805CA (10-08)	
DATE: 03/30/2010 _____	BY:  _____ <i>Authorized Representative</i>

The Company affording coverage hereby certifies that the Named Insured named herein is insured under the Policy referenced above. The limits of liability, premium and effective date of coverage applicable to such Named Insured are as specified above. This certificate of insurance is not the contract of insurance. It is merely evidence of insurance provided under the Master Policy. All claims are paid according to the term of the Master Policy. A copy of such policy and any endorsements thereto is available at www.ethicscheck.com/eo.

Keep this document in a safe place. It is evidence of your insurance coverage.