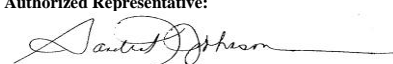


CERTIFICATE OF COVERAGE		Issue Date:	04/01/2010
Adventist Health System Risk Management 111 North Orlando Avenue Winter Park, FL 32789 (407) 975-1420		This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This certificate does not amend, extend or alter the coverage afforded by the AHS Liability Trust or any insurance policies listed below.	
<b>Named Participant:</b>  Florida Hospital d/b/a Florida Pathology Laboratory 601 East Rollins Street Orlando, FL 32803		<b>COMPANIES AFFORDING COVERAGE</b> <b>Company Letter A:</b> AHS Liability Trust <b>Company Letter B:</b> ADHealth (Endurance) <b>Company Letter C:</b> ADHealth (Allied World Assurance Company) <b>Company Letter D:</b> ADHealth (Ironshore Indemnity Inc.) <b>Company Letter E:</b> Liberty Mutual Fire Insurance Company <b>Company Letter F:</b> Florida Hospital Self-Funded Worker's Compensation Program <b>Company Letter G:</b> AHS Workers Compensation Liability Trust <b>Company Letter H:</b> Safety National Casualty Corporation <b>Company Letter I:</b> United Wisconsin Insurance Company <b>Company Letter J:</b> CHUBB/Executive Risk Indemnity <b>Company Letter K:</b> Zurich American Insurance Company <b>Company Letter L:</b> American Guarantee and Liability Insurance Company <b>Company Letter M:</b> Lexington Insurance Company <b>Company Letter N:</b> Aspen Primary & Aspen Excess <b>Company Letter O:</b> Liberty Mutual Fire Insurance Company <b>Company Letter P:</b> Swiss Re/ Westport Insurance Corporation <b>Company Letter Q:</b> Munich Re-PESLIC <b>Company Letter R:</b> Ace-WSLEC <b>Company Letter S:</b> OneBeacon-Homeland Insurance Company of New York <b>Company Letter T:</b> Torus Specialty Insurance Company <b>Company Letter U:</b> Great American Insurance Company of New York <b>Company Letter V:</b> RSUI-Landmark American Insurance Company <b>Company Letter W:</b> ADHealth	

**Coverages**  
 This is to certify that the coverage below has been issued to the Named Participant listed above for the time 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. Limits shown may have been reduced by paid claims.

Co Ltr	Type of Insurance	Policy Number	Policy Effective Date	Policy Expiration Date	Limits
A	X Hospital Professional/Comprehensive General Liability & Managed Care Errors & Omissions	8528-2010	04/01/2010	04/01/2011	Each Occurrence \$15,000,000
B	X Hospital Professional/Comprehensive General Liability & Managed Care Errors & Omissions	007474 008	04/01/2010	04/01/2011	Aggregate \$25,000,000
C	X Hospital Professional/Comprehensive General Liability & Managed Care Errors & Omissions	C002863/007	04/01/2010	04/01/2011	Aggregate \$25,000,000
D	X Hospital Professional/Comprehensive General Liability & Managed Care Errors & Omissions	000199900	04/01/2010	04/01/2011	Aggregate \$15,000,000
A/B/C/D	X Claims Made (HPL & Managed Care Errors)				
A/B/C/D	X Occurrence (CGL Only)				
E	X Automobile Liability- All Vehicles	AS2-651-286535-029	11/01/2009	11/01/2010	Combined Single Limit (Bodily Injury & Property Damage) \$1,000,000
F	X Worker's Compensation and Employer's Liability	Florida Hospital - Orlando Facilities FHCW09	08/01/2009	08/01/2010	\$1,000,000
G	X Worker's Compensation and Employer's Liability	Florida Division Facilities and all other States Except Texas AHSWC09	08/01/2009	08/01/2010	\$1,000,000
H	X Worker's Compensation and Employer's Liability	CO, FL, GA, IL, KS, KY, NC, TN SP 3D96 FL	08/01/2009	08/01/2011	Statutory
H	X Worker's Compensation and Employer's Liability	Tennessee Aggregate AGA 3D95 TN	08/01/2009	08/01/2010	Statutory
H	X Worker's Compensation and Employer's Liability	Texas LDS4004349	08/01/2009	08/01/2010	Statutory
I	X Worker's Compensation and Employer's Liability	Chippewa Hospital 0400093243	11/04/2009	11/04/2010	Statutory
J	X Directors & Officers: Primary Policy	816 7-9425	09/01/2009	09/01/2010	\$15,000,000
K	X Excess Policy	DOC 5239127 05	09/01/2009	09/01/2010	\$10,000,000
J	X Fidelity	8167-9425	09/01/2009	09/01/2010	\$10,000,000
J	X Fiduciary	8167-9425	09/01/2009	09/01/2010	\$10,000,000
L	X Property and Casualty: Primary Policy (Quota Shares)	American Guarantee and Liability Insurance Company ZMD370565608	01/01/2010	01/01/2011	\$750,000,000
M	X Lexington Insurance Company	017727976 & 017727977	01/01/2010	01/01/2011	
N	X Aspen Primary & Aspen Excess	PRK682K10 & PXA6E8U10	01/01/2010	01/01/2011	
O	X Liberty Mutual Fire Insurance Company	YS2L9L448118020	01/01/2010	01/01/2011	
P	X Swiss Re/Westport Insurance Corporation	31372903	01/01/2010	01/01/2011	
Q	X Munich Re-PESLIC	78A3XP000020001	01/01/2010	01/01/2011	
R	X Ace-WSLEC	D37373989001	01/01/2010	01/01/2011	
S	X OneBeacon-Homeland Insurance Company of New York	YSP1746	01/01/2010	01/01/2011	
T	X Torus Specialty Company	07780A100APR	01/01/2010	01/01/2011	
U	X Great American Insurance Company of New York	CPP5421741	01/01/2010	01/01/2011	
V	X RSUI-Landmark American Insurance Company	LHD365270	01/01/2010	01/01/2011	\$250,000,000
W	X ADHealth	AHS 2009-01	01/01/2010	01/01/2011	\$2,197,000,000

**Description of Operations/Locations/Vehicles/Special Items:** All operations subject to the terms and conditions of the Trust or insurance policies listed above. Coverage provided is a per occurrence aggregate and is not increased by the number of named participants or claimants involved.

Certificate Holder	Cancellation
Florida Pathology Laboratory 601 E. Rollins Street Orlando, FL 32803	Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail written notice to the Certificate Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives or employees.  <b>Authorized Representative:</b>  <b>Date:</b> 04/02/2010