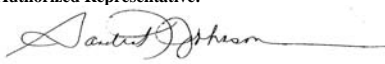


CERTIFICATE OF COVERAGE		Issue Date:	04/01/2009
Adventist Health System Risk Management 111 North Orlando Avenue Winter Park, FL 32789 407-975-1420		This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This certificate does not amend, extend or 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 (Swiss Re) <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> Midwest Employers <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> Ironshore Insurance Ltd <b>Company Letter O:</b> Liberty Mutual Fire Insurance Company <b>Company Letter P:</b> Westport Insurance Corporation <b>Company Letter Q:</b> Princeton Excess and Surplus Insurance Company <b>Company Letter R:</b> Homeland Insurance Company <b>Company Letter S:</b> Great American Insurance Company of New York <b>Company Letter T:</b> Landmark American Insurance Company <b>Company Letter U:</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	8528-2009	04/01/2009	04/01/2010	Each Occurrence	\$15,000,000
B	X Hospital Professional/Comprehensive General Liability & Managed Care Errors & Omissions	007474 007	04/01/2009	04/01/2011	Aggregate	\$25,000,000
C	X Hospital Professional/Comprehensive General Liability & Managed Care Errors & Omissions	C002863/006	04/01/2009	04/01/2010	Aggregate	\$25,000,000
D	X Hospital Professional/Comprehensive General Liability & Managed Care Errors & Omissions	QG005909(1)	04/01/2009	04/01/2010	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	AS2-651-286535-028	11/01/2008	11/01/2009	Combined Single Limit (Bodily Injury & Property Damage)	\$1,000,000
F	X Worker's Compensation and Employer's Liability	Florida Hospital - Orlando Facilities FHW08	08/01/2008	08/01/2009		\$1,000,000
G	X Worker's Compensation and Employer's Liability	Florida Division Facilities and all other States Except Texas AHSWC08	08/01/2008	08/01/2009		\$1,000,000
H	X Worker's Compensation and Employer's Liability	CO, FL, GA, IL, KS, KY, NC, TN EWC0008180	08/01/2008	08/01/2009	Florida All other States	\$200,000,000 Statutory
H	X Worker's Compensation and Employer's Liability	Tennessee Aggregate EWC007596	08/01/2008	08/01/2009		Statutory
H	X Worker's Compensation and Employer's Liability	Texas MWLD080051	08/01/2008	08/01/2009		Statutory
I	X Worker's Compensation and Employer's Liability	Chippewa Hospital 0400083178	11/04/2008	11/04/2009		Statutory
J	X Directors & Officers: Primary Policy	8167-9425	09/01/2008	09/01/2009		\$15,000,000
K	X Excess Policy	5239127-04	09/01/2008	09/01/2009		\$10,000,000
J	X Fidelity	8167-9425	09/01/2008	09/01/2009		\$10,000,000
J	X Fiduciary	8167-9425	09/01/2008	09/01/2009		\$10,000,000
L	X Property and Casualty: Primary Policy (Quota Shares)	American Guarantee and Liability Insurance Company ZMD370565607	01/01/2009	01/01/2010	\$750,000,000	
M	X Lexington Insurance Company	017727765 & 017727771	01/01/2009	01/01/2010		
N	X Ironshore Insurance Ltd	440913809A	01/01/2009	01/01/2010		
O	X Liberty Mutual Fire Insurance Company	YS2L9L448118029 & MQ2L9L448118019	01/01/2009	01/01/2010		
P	X Westport Insurance Corporation	31372341	01/01/2009	01/01/2010		
Q	X Princeton Excess and Surplus Insurance Company	78A3XP000020000	01/01/2009	01/01/2010		
R	X Homeland Insurance Company	YSP1746	01/01/2009	01/01/2010		
S	X Great American Insurance Company of New York	CPP522170900	01/01/2009	01/01/2010		
T	X Landmark American Insurance Company	LHD360509	01/01/2009	01/01/2010		
U	X AdHealth	AHS 2009-01	01/01/2009	01/01/2010		

**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> 03/31/2009