

**INSTRUCTIONS FOR FILING  
CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH**

1. Prior to submitting the statement for filing, it is recommended that you call the Corporations Division at (401) 222-3040 to verify that the information required in items 2 and 4 of the preceding form currently appears in the corporate records of the Secretary of State. If the information is inconsistent with the records of this office, the statement will be returned.
2. It is required by law to provide a street address in item 3 of the preceding form in order to provide the public with notice of a physical location at which process, notice or demand required or permitted by law may be served on the registered agent. A statement submitted with a post office box address only will not be accepted for filing.
3. The effective date of the statement shall be the date of filing with the Secretary of State or upon such later date not more than thirty (30) days after such filing, as may be set forth in item 6 of the statement.
4. The statement must be signed on behalf of the corporation by its president or vice president. The president's or vice president's signature must be notarized.
5. The fee for filing the Statement of Change of Registered Office or Registered Agent is \$20.00, and payment should be made payable to the Rhode Island Secretary of State.

**NOTE:** If a registered agent changes the agent's business address to another place within the state, the agent may change the address and the address of the registered office of any corporation of which the agent is a registered agent by completing the statement below instead of the preceding form, and submitting same for filing with the \$20.00 filing fee made payable to the Rhode Island Secretary of State. Again, it is recommended that you call the Corporations Division prior to submitting the statement to verify that the information required in item 2 below currently appears in the corporate records of the Secretary of State. As required by law, you must provide a street address in item 3 below.

Filing Fee: \$20.00

ID Number: 44713

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
BY THE REGISTERED AGENT**

Pursuant to the provisions of Sections 7-1.1-12(d) or 7-1.1-107(d) of the General Laws, 1956, as amended, the undersigned registered agent submits the following statement for the purpose of changing the agent's business address and the address of the registered office of the corporation named herein to another place within the state:

1. The name of the corporation is ROSSER INTERNATIONAL, INC.
2. The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:  
c/o C T Corporation System, 123 Dyer Street, Providence, RI 02903
3. The address of the NEW registered office is:  
c/o C T Corporation System, 10 Weybosset Street, Providence, RI 02903
4. The change of address of the registered office shall become effective upon the filing of this statement, or on

(a date not prior to, nor more than 30 days after, filing this statement)

5. A copy of this Statement has been mailed to the corporation.

**RECEIVED AND FILED**

Date: 10/11/99

OCT 13 1999

BY ME#59  
Receipt No. 231128

C T CORPORATION SYSTEM

Print Name of Registered Agent

Kenneth J. Hua  
Signature of Registered Agent

# State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

CORPORATIONS DIVISION

100 NORTH MAIN STREET

PROVIDENCE, RI 02903-1335

BUSINESS CORPORATION

Corp. I.D. #

94713

## APPLICATION FOR CERTIFICATE OF AUTHORITY OF

ROSSER INTERNATIONAL, INC.

To the Secretary of State  
of the State of Rhode Island

Pursuant to the provisions of Section 7-1.1-103 of the General Laws, 1956, as amended, the undersigned corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

FIRST: The name of the corporation is Rosser International, Inc.

SECOND: The name which it elects to use in Rhode Island is Rosser International, Inc.

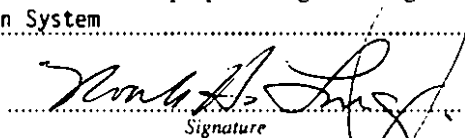
(If the name of the corporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation of one of such words, insert the name of the corporation with the word or abbreviation which it elects to add thereto for use in Rhode Island)

THIRD: It is incorporated under the laws of Georgia

FOURTH: The date of its incorporation is August 9, 1963 and the period of its duration is Perpetual

FIFTH: The address of its principal office in the state or country under the laws of which it is incorporated is 524 West Peachtree Street, NE, Atlanta, Georgia 30308

SIXTH: The address of its proposed registered office in Rhode Island is 123 Dyer Street, Providence, Rhode Island 02903 and the name of its proposed registered agent in Rhode Island at that address is CT Corporation System

  
Signature

SEVENTH: The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are planning and programming for the Development and Design of a Correctional System Masterplan.

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STATE OF RHODE ISLAND  
CORPORATIONS DIVISION

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STATE OF RHODE ISLAND  
CORPORATIONS DIVISION

EIGHTH: The names and respective addresses of its directors and officers are:

| Name                    | Office         | Address                                      |
|-------------------------|----------------|----------------------------------------------|
| Paul C. Rosser          | Director       | 64 W. Brookhaven Drive NE, Atlanta, GA 30319 |
| Edward W. Davidson, Jr. | Director       | 2022 Dead Oak Road, Senoia, GA 30276         |
| Noah H. Long, Jr.       | Director       | 7475 Wildercliff Drive, Atlanta, GA 30328    |
| William S. Griffin      | Director       | 3051 Mountain Trace, Roswell, GA 30075       |
| Noah H. Long, Jr.       | President      | 7475 Wildercliff Drive, Atlanta, GA 30328    |
| Paul Mamalakis          | Vice President | 802 Meriweather Drive, Savannah, GA 31406    |
| William S. Griffin      | Secretary      | 3051 Mountain Trace, Roswell, GA 30075       |
| Richard K. Little       | Treasurer      | 2622 Travois Way, Lilburn, GA 30247          |

SEE ATTACHED FOR ADDITIONAL DIRECTORS AND OFFICERS OF CORPORATION

NINTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of Shares | Class | Series    | Par Value per Share or Statement that Shares are without Par Value |
|------------------|-------|-----------|--------------------------------------------------------------------|
| 1,000,000        | A     | Common    | \$1.00                                                             |
| 10,000           | B     | Common    | \$1.00                                                             |
| 10,000           | A     | Preferred | N/PV                                                               |
| 4,800            | B     | Preferred | \$100.00 Stated                                                    |

TENTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of Shares | Class | Series    | Par Value per Share or Statement that Shares are without Par Value |
|------------------|-------|-----------|--------------------------------------------------------------------|
| 113,344          | A     | Common    | \$1.00                                                             |
| 2,412            | B     | Common    | \$1.00                                                             |
| 2,750            | A     | Preferred | N/PV                                                               |
| 4,800            | B     | Preferred | \$100.00 Stated                                                    |

ELEVENTH: An estimate of the value of all property to be owned by it for the following year, wherever located, is \$ 1,228,363

TWELFTH: An estimate of the value of its property to be located within Rhode Island during such year is \$ -0-

THIRTEENTH: An estimate of the gross amount of business to be transacted by it during such year is \$ 16,976,000

FOURTEENTH: An estimate of the gross amount of business to be transacted by it at or from places of business in Rhode island during such year is \$ 500,000

FIFTEENTH: This application is accompanied by a copy of its articles of incorporation and all amendments thereto, duly authenticated by the proper officer of the state or country under the laws of which it is incorporated.

Dated MARCH 21, 1997

Rosser International, Inc.

(Exact Corporate Name of corporation Making Application)

By Noah H. Long, Jr.  
Its President  
and William S. Griffin  
Its Secretary

STATE OF Georgia

COUNTY OF Fulton

} Sc.

AT 524 W. Peachtree St., Atlanta in said County on the 21st day  
of MARCH, 1997, before me personally appeared Noah H. Long, Jr.  
and William S. Griffin, who being by me first duly sworn, declared that  
he/she is the President and Secretary of Rosser International, Inc.,  
that he/she signed the foregoing document as such President and Secretary of the  
corporation, and that the statements therein contained are true.

(NOTARIAL SEAL)

John W. Crawford  
Notary Public

Notary Public, Fulton County, Georgia  
My Commission Expires April 18, 1998

FILED

APR 15 1997

By J. L. Lento  
184404

**OFFICERS AND  
BOARD OF DIRECTORS  
ROSSER INTERNATIONAL, INC.  
JANUARY 1, 1997**

| <u>NAME/POSITION</u>                                                                           | <u>ADDRESS</u>                                                                                                         |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b><u>DIRECTORS:</u></b>                                                                       |                                                                                                                        |
| <b>PAUL C. ROSSER</b><br>Chairman Emeritus/<br>Chairman of the Executive<br>Committee/Director | R: 64 West Brookhaven Dr.<br>Atlanta, GA 30319<br>O: 524 West Peachtree St.<br>Atlanta, GA 30308<br>SS No. 262-44-2469 |
| <b>EDWARD W. DAVIDSON, JR.</b><br>Chairman of the Board/<br>Director                           | R: 2022 Dead Oak Road<br>Senoia, GA 30276<br>O: 524 West Peachtree St.<br>Atlanta, GA 30308<br>SS No. 256-52-4311      |
| <b>NOAH H. LONG, JR.</b><br>President/<br>Director                                             | R: 7475 Wildercliff Drive<br>Atlanta, GA 30328<br>O: 524 West Peachtree St.<br>Atlanta, GA 30308<br>SS No. 263-66-7755 |
| <b>WILLIAM S. GRIFFIN</b><br>Vice President and<br>Secretary/<br>Director                      | R: 3051 Mountain Trace<br>Roswell, GA 30075<br>O: 24 West Peachtree St.<br>Atlanta, GA 30308<br>SS No. 258-74-6148     |
| <b>RICHARD K. LITTLE</b><br>Senior Vice President<br>and Treasurer/<br>Director                | R: 2622 Travois Way<br>Lilburn, GA 30247<br>O: 524 West Peachtree St.<br>Atlanta, GA 30308<br>SS No. 244-70-5452       |
| <b>THOMAS M. LOWE, III.</b><br>Executive<br>Vice President/<br>Director                        | R: 2755 North Hills Dr.<br>Atlanta, GA 30305<br>O: 524 West Peachtree St.<br>Atlanta, GA 30308<br>SS No. 258-86-2892   |
| <b>PAUL MAMALAKIS</b><br>Vice President<br>Director                                            | R: 802 Meriweather Drive<br>Savannah, GA 31406<br>O: 128 West Bay Street<br>Savannah, GA 31402<br>SS No. 256-74-6248   |

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**OFFICERS AND  
BOARD OF DIRECTORS  
ROSSER INTERNATIONAL, INC.  
JANUARY 1, 1997  
CONTINUED**

| <b><u>NAME/POSITION</u></b>                                       | <b><u>ADDRESS</u></b>                                                                                                                 | <b><u>DATE OF<br/>ELECTION</u></b> |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>HENRY H. TEAGUE</b><br>Senior Vice President/<br>Director      | R: 3935 North Ivy Road<br>Atlanta, GA 30342<br>O: 524 West Peachtree St.<br>Atlanta, GA 30308<br>SS No. 256-52-6779                   |                                    |
| <b>GEORGE G. VOITH, JR.</b><br>Vice President<br>Director         | R: 2507 McKinnon Drive<br>Decatur, GA 30030<br>O: 524 West Peachtree St.<br>Atlanta, GA 30308<br>SS No. 252-78-2510                   |                                    |
| <b><u>OFFICERS:</u></b>                                           |                                                                                                                                       |                                    |
| <b>WILLIAM T. BERSSON</b><br>Vice President                       | R: 430 Holly Stream Trail<br>Roswell, Georgia 30075<br>O: 7100 Peachtree Dunwoody Road NE<br>Atlanta, GA 30328<br>SS No. 230-86-7137  |                                    |
| <b>JON W. DRYSDALE</b><br>Vice President                          | R: 2631 Forrest Way<br>Marietta, GA 30066<br>O: 7100 Peachtree Dunwoody Road NE<br>Atlanta, GA 30328<br>SS No. 412-92-6470            |                                    |
| <b>W. KING EVANS</b><br>Vice President                            | R: 191 Pace Road<br>Mansfield, GA 30255<br>O: 524 West Peachtree St.<br>Atlanta, GA 30308<br>SS No. 259-94-0846                       |                                    |
| <b>EVANS, DAVE</b><br>Vice President                              | R: 1190 Rosedale Road N.E.<br>Atlanta, Georgia 30306<br>O: 524 West Peachtree Street<br>Atlanta, Georgia 30308<br>SS No.: 415-56-2424 |                                    |
| <b>STANLEY FREDERICK</b><br>Vice President<br>Assistant Secretary | R: 3918 Woolbridge Way<br>Marietta, GA 30062<br>O: 7100 Peachtree Dunwoody Road<br>Atlanta, GA 30328<br>SS No. 260-60-4383            |                                    |

**OFFICERS AND  
BOARD OF DIRECTORS  
ROSSER INTERNATIONAL, INC.  
JANUARY 1, 1997  
CONTINUED**

| <b><u>NAME/POSITION</u></b>                     | <b><u>ADDRESS</u></b>                                                                                                     | <b><u>DATE OF<br/>ELECTION</u></b> |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>DALE A. GAINES</b><br>Vice President         | R: 1398 Brentford Cove<br>Snellville, GA 30278<br>O: 524 West Peachtree Street<br>Atlanta, GA 30308<br>SS No. 254-76-6469 |                                    |
| <b>WALTER KEEL</b><br>Vice President            | R: 1804 Bromley Way<br>Roswell, GA 30075<br>O: 524 West Peachtree St.<br>Atlanta, GA 30308<br>SS No.                      |                                    |
| <b>FREDERICK C. KRENSON</b><br>Vice President   | R: 1496 N. Morningside Dr NE<br>Atlanta, GA 30306<br>O: 524 West Peachtree St.<br>Atlanta, GA 30308<br>SS No. 254-76-6369 |                                    |
| <b>LOUIS N. MALOOF</b><br>Senior Vice President | R: 145 Barksdale Drive<br>Atlanta, GA 30309<br>O: 524 West Peachtree St.<br>Atlanta, GA 30308<br>SS No. 410-52-5457       |                                    |
| <b>ROBERT P. MIZELL</b><br>Vice President       | R: 1089 Roxboro Drive<br>Atlanta, GA 30324<br>O: 524 West Peachtree St.<br>Atlanta, GA 30308<br>SS No.                    |                                    |
| <b>JOHN W. PYLANT, JR.</b><br>Vice President    | R: 3991 Thornridge Way<br>Atlanta, Georgia 30340<br>O: 524 West Peachtree St.<br>Atlanta, GA 30308<br>SS No. 247-68-2333  |                                    |

**OFFICERS AND  
BOARD OF DIRECTORS  
ROSSER INTERNATIONAL, INC.  
JANUARY 1, 1997  
CONTINUED**

| <u>NAME/POSITION</u>                                              | <u>ADDRESS</u>                                                                                                                 |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>LARRY T. SABISTON</b><br>Vice President<br>Assistant Secretary | R: 2789 Burtz Drive<br>Marietta, Georgia 30068<br>O: 524 West Peachtree Street<br>Atlanta, Georgia 30308<br>SS No. 244-52-1482 |
| <b>MARVIN W. WILEY</b><br>Vice President                          | R: 4007 Northlake Creek Court<br>Tucker, GA 30084<br>O: 524 West Peachtree St.<br>Atlanta, GA 30308<br>SS No. 253-46-8296      |
| <b>JOHN C. WYLE</b><br>Vice President                             | R: 639 Norfleet Road, N.W.<br>Atlanta, GA<br>O: 524 West Peachtree St.<br>Atlanta, GA<br>SS No. 418-62-0464                    |



# ACORD CERTIFICATE OF LIABILITY INSURANCE

BP ID 19  
ROSSE-4DATE (MM/DD/YY)  
03/20/97PRODUCER  
A & E  
Jim Anderson & Co.  
121 Langley Dr  
Lawrenceville GA 30245Jeffrey S. Coe, CIC  
Phone No. 770-962-4111 Fax No. 770-339-2062  
INSUREDRosser International, Inc.  
P.O. Box 54680  
Atlanta GA 30308THIS 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.

## COMPANIES AFFORDING COVERAGE

|              |                              |
|--------------|------------------------------|
| COMPANY<br>A | ST PAUL FIRE & MARINE INS CO |
| COMPANY<br>B | AMERICAN MOTORIST INS CO     |
| COMPANY<br>C | SECURITY INS CO OF HARTFORD  |
| COMPANY<br>D | HARTFORD INS CO OF THE SE    |

## COVERAGES

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CO<br>LTR                                           | TYPE OF INSURANCE                                                              | POLICY NUMBER | POLICY EFFECTIVE<br>DATE (MM/DD/YY) | POLICY EXPIRATION<br>DATE (MM/DD/YY) | LIMITS                                                                                           |
|-----------------------------------------------------|--------------------------------------------------------------------------------|---------------|-------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------|
| A                                                   | GENERAL LIABILITY                                                              | RP06627657    | 04/25/96                            | 04/25/97                             | GENERAL AGGREGATE \$ 2,000,000                                                                   |
|                                                     | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY               |               |                                     |                                      | PRODUCTS - COMP/OP AGG \$ 2,000,000                                                              |
|                                                     | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR |               |                                     |                                      | PERSONAL & ADV INJURY \$ 1,000,000                                                               |
|                                                     | OWNER'S & CONTRACTOR'S PROT                                                    |               |                                     |                                      | EACH OCCURRENCE \$ 1,000,000                                                                     |
|                                                     |                                                                                |               |                                     |                                      | FIRE DAMAGE (Any one fire) \$ INCLUDED                                                           |
|                                                     |                                                                                |               |                                     |                                      | MED EXP (Any one person) \$ 5,000                                                                |
| D                                                   | AUTOMOBILE LIABILITY                                                           | 20UENGQ4862   | 04/25/96                            | 04/25/97                             | COMBINED SINGLE LIMIT \$ 1,000,000                                                               |
|                                                     | <input checked="" type="checkbox"/> ANY AUTO                                   |               |                                     |                                      | BODILY INJURY (Per person) \$                                                                    |
|                                                     | ALL OWNED AUTOS                                                                |               |                                     |                                      |                                                                                                  |
|                                                     | SCHEDULED AUTOS                                                                |               |                                     |                                      |                                                                                                  |
|                                                     | <input checked="" type="checkbox"/> HIRED AUTOS                                |               |                                     |                                      | BODILY INJURY (Per accident) \$                                                                  |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS |                                                                                |               |                                     |                                      |                                                                                                  |
|                                                     |                                                                                |               |                                     |                                      | PROPERTY DAMAGE \$                                                                               |
|                                                     | GARAGE LIABILITY                                                               |               |                                     |                                      | AUTO ONLY - EA ACCIDENT \$                                                                       |
|                                                     | ANY AUTO                                                                       |               |                                     |                                      | OTHER THAN AUTO ONLY                                                                             |
|                                                     |                                                                                |               |                                     |                                      | EACH ACCIDENT \$                                                                                 |
|                                                     |                                                                                |               |                                     |                                      | AGGREGATE \$                                                                                     |
|                                                     | EXCESS LIABILITY                                                               |               |                                     |                                      | EACH OCCURRENCE \$                                                                               |
|                                                     | UMBRELLA FORM                                                                  |               |                                     |                                      | AGGREGATE \$                                                                                     |
|                                                     | OTHER THAN UMBRELLA FORM                                                       |               |                                     |                                      | \$                                                                                               |
| B                                                   | WORKERS COMPENSATION AND<br>EMPLOYERS' LIABILITY                               | 3CM976956-08  | 04/25/96                            | 04/25/97                             | <input checked="" type="checkbox"/> WC STATU-<br>TORY LIMITS <input type="checkbox"/> OTH-<br>ER |
|                                                     | EL EACH ACCIDENT \$ 100,000                                                    |               |                                     |                                      |                                                                                                  |
|                                                     | EL DISEASE - POLICY LIMIT \$ 500,000                                           |               |                                     |                                      |                                                                                                  |
|                                                     | EL DISEASE - EA EMPLOYEE \$ 100,000                                            |               |                                     |                                      |                                                                                                  |
| OTHER                                               |                                                                                |               |                                     |                                      |                                                                                                  |
| C                                                   | Professional<br>Liability                                                      | PL700689      | 02/22/97                            | 02/22/98                             | Per Claim \$3,000,000                                                                            |
|                                                     | Aggregate \$3,000,000                                                          |               |                                     |                                      |                                                                                                  |

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

For Professional Liability, aggregate limit is total insurance available for  
claims presented within policy period for all operations of insured. Limit  
will be reduced by payments of indemnity and/or expenses.

## CERTIFICATE HOLDER

State of Rhode Island &  
Providence Plantation  
Secretary of State  
100 N. Main Street  
Providence, RI 02903-1335

STATE-3

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE  
EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL  
10 DAYS 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.

AUTHORIZED REPRESENTATIVE

Jeffrey S. Coe, CIC

ACORD CORPORATION 1988

# ACORD CERTIFICATE OF LIABILITY INSURANCE

BP ID 19

ROSSE-4

DATE (MM/DD/YY)

03/20/97

## PRODUCER

A &amp; E

Jim Anderson & Co.  
121 Langley Dr  
Lawrenceville GA 30245

Jeffrey S. Coe, CIC

Phone No. 770-962-4111 Fax No. 770-339-2062

## INSURED

Rosser International, Inc.  
P.O. Box 54680  
Atlanta GA 30308

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.

## COMPANIES AFFORDING COVERAGE

### COMPANY

A

CINCINNATI INSURANCE COMPANY

### COMPANY

B

### COMPANY

C

### COMPANY

D

## COVERAGES

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CO LTR | TYPE OF INSURANCE                               | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                          |
|--------|-------------------------------------------------|---------------|----------------------------------|-----------------------------------|---------------------------------|
|        | GENERAL LIABILITY                               |               |                                  |                                   | GENERAL AGGREGATE \$            |
|        | COMMERCIAL GENERAL LIABILITY                    |               |                                  |                                   | PRODUCTS - COM/OP AGG \$        |
|        | CLAIMS MADE OCCUR                               |               |                                  |                                   | PERSONAL & ADV INJURY \$        |
|        | OWNER'S & CONTRACTOR'S PROT                     |               |                                  |                                   | EACH OCCURRENCE \$              |
|        |                                                 |               |                                  |                                   | FIRE DAMAGE (Any one fire) \$   |
|        |                                                 |               |                                  |                                   | MED EXP (Any one person) \$     |
|        | AUTOMOBILE LIABILITY                            |               |                                  |                                   | COMBINED SINGLE LIMIT \$        |
|        | ANY AUTO                                        |               |                                  |                                   | BODILY INJURY (Per person) \$   |
|        | ALL OWNED AUTOS                                 |               |                                  |                                   | BODILY INJURY (Per accident) \$ |
|        | SCHEDULED AUTOS                                 |               |                                  |                                   | PROPERTY DAMAGE \$              |
|        | HIRED AUTOS                                     |               |                                  |                                   |                                 |
|        | NON-OWNED AUTOS                                 |               |                                  |                                   |                                 |
|        | GARAGE LIABILITY                                |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$      |
|        | ANY AUTO                                        |               |                                  |                                   | OTHER THAN AUTO ONLY            |
|        |                                                 |               |                                  |                                   | EACH ACCIDENT \$                |
|        |                                                 |               |                                  |                                   | AGGREGATE \$                    |
| A      | EXCESS LIABILITY                                |               |                                  |                                   | EACH OCCURRENCE \$ \$7,000,000  |
|        | X UMBRELLA FORM                                 | CCC 4360320   | 04/25/96                         | 04/25/97                          | AGGREGATE \$ \$7,000,000        |
|        | OTHER THAN UMBRELLA FORM                        |               |                                  |                                   | \$                              |
|        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |               |                                  |                                   | WC STATUTORY LIMITS OTH-ER      |
|        | THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE |               |                                  |                                   | EL EACH ACCIDENT \$             |
|        | INCL EXCL                                       |               |                                  |                                   | EL DISEASE - POLICY LIMIT \$    |
|        | OTHER                                           |               |                                  |                                   | EL DISEASE - EA EMPLOYEE \$     |

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Umbrella Limits of \$3,000,000 applicable for policy term of 4/25/96 to 1/16/97. Limits of \$7,000,000 applicable 1/16/97 to 4/25/97.

## CERTIFICATE HOLDER

State of Rhode Island &  
Providence Plantation  
Secretary of State  
100 N. Main Street  
Providence, RI 02903-1335

STATE-3

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS 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.

## AUTHORIZED REPRESENTATIVE

Jeffrey S. Coe, CIC

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