

CERTIFICATE OF INSURANCE 13/09/2011						
PRODUCER: Allied International Group, Inc.			THIS CERTIFICATE ISSUED AS A MATTER OF INFORMATION AND DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED: GCI Financial LLC			INSURANCE COMPANY PROVIDING COVERAGE			
			INSURANCE COMPANY: Allied International Group, Inc.			
COVERAGES: THIS IS TO CERTIFY THAT 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 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 TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. THE ISSUER OF THIS CERTIFICATE REPRESENTS AND WARRANTS THAT SAID POLICIES CONTAIN WITHOUT.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	ALL LIMITS IN THOUSANDS	
	GENERAL LIABILITY [x] COMMERCIAL GENERAL LIABILITY [x] ERRORS AND OMISSIONS/ BANKRUPTCY	GL-INS-038917 CF-INS-038862	13/09/2011 13/09/2011	12/09/2014 12/09/2014	GENERAL AGGREGATE	PER PROJECT
					EACH OCCURRENCE / PER CLIENT ACCOUNT	50
					AGGREGATE	N/A
	EXCESS LIABILITY [x] UMBRELLA FORM [] OTHER THAN UMBRELLA FORM	UF-INS-038894	13/09/2011	12/09/2014		
SPECIAL PROVISIONS: 1) THIS INSURANCE SHALL BE PRIMARY INSURANCE IN RESPECTS TO GCI FINANCIAL LLC, ITS OFFICERS, AGENTS, AND EMPLOYEES 2) THE PROVISIONS OF THIS POLICY SHALL APPLY TO CLAIMS, COSTS, DAMAGES, OR LOSS IN PROPORTION TO AND TO THE EXTENT SUCH CLAIMS, COSTS, DAMAGES OR LOSS ARE CAUSED BY NEGLIGENT ACTS, OMISSIONS, OR BANKRUPTCY OF THE NAMED INSURED.						
DESCRIPTION OF INSURED OPERATIONS/LOCATIONS GCI Financial LLC – All locations and accounts holding customer funds						
CERTIFICATE HOLDER GCI Financial LLC Mitchell House P.O.Box 174 The Valley, Anguilla British West Indies			CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEROF, THE ISSUING COMPANY WILL MAIL 60 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.			
			AUTHORIZED REPRESENTATIVE: The undersigned certifies that he/she is authorized to sign this certificate and that the special provisions described herein have been made a part of the policy(ies) shown above.			
			AUTHORIZED SIGNATURE: 			