

NOTIFICATION OF RENEWAL

SYMETRA.
FINANCIAL

Policyholder Name: Polk County School Board Policy Number: 16-010134-00
Effective Date: January 1, 2011 thru December 31, 2011

Please complete the appropriate section(s) below:

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Excess Loss: The above account has renewed on the following terms:
Individual: Contract: **PAID**

Deductible Level: **\$500,000** Aggregate Pooling: **\$376,000**

Lifetime Maximum: **\$5,000,000**

Renewal Individual Rates: **COMPOSITE: \$3.90**

Terminal Liability Coverage: **No**

Aggregate: Contract: **N/A**

Renewal Aggregate Factors:

Aggregate Premium: Lifetime Maximum:

Monthly Aggregate Accounting:

Terminal Liability Coverage:

Managed Care Network(s): **BLUE CROSS BLUE SHEILD OF FL**

Changes (Formal signed amendment required) & Additional Provisions:

PLAN ADMINISTRATOR'S SIGNATURE: *Shirley R. Nichols* **Date:** 12/16/10

AGENT'S SIGNATURE: *Roxane Kimble* **Date:** 11-9-2010

This form needs to be completed and returned to The Crowne Group no later than 15 days following the renewal effective date. Please forward to:

The Crowne Group
Attn: **Roxane Kimble**
rkimble@crowneinc.com
FAX: (407) 654-9614