QBE Insurance Corporation
Wall Street Plaza, 88 Pine Street, New York, New York 10005
Home Office: c/o CT Corporation System, 116 Pine Street, Suite 320, Harrisburg, Pennsylvania 17101

THIS POLICY PROVIDES CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY TO PAY JUDGMENTS OR SETTLEMENT AMOUNTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY PAYMENT OF DEFENSE COSTS. PLEASE READ THIS POLICY CAREFULLY.

Item 1: Parent Company:
Mailing Address:

Item 2: Policy Period
From: To:
At 12:01 A.M. Standard Time at the mailing address stated in Item 1

Item 3: A. Limit of Liability

$ in the aggregate

B. Securityholder Derivative Demand Investigation Limit:

Item 4: Retentions:
A. Insuring Clause B – Claims other than Securities Claims: $ per Claim
B. Insuring Clauses B and C – Securities Claims only: $ per Claim
C. Insuring Clauses B and C – Merger Objection Claim: $ per Claim

Item 5: A. Notice to Insurer of a Claim or circumstance: B. All Other Notices to Insurer:
[QBE Insurance Corporation] [QBE Insurance Corporation]
[Attn: The Claims Manager] [Attn: Underwriting]
[Wall Street Plaza] [Wall Street Plaza]
[88 Pine Street, 18th Floor] [88 Pine Street, 18th Floor]
[New York, New York 10005] [New York, New York 10005]
[Telephone: (877) 772-6771] [Telephone: (877) 772-6771]
[Email: professional.liability.claims@us.qbe.com] [Email: MLPLadmin@us.qbe.com]

Item 6: Pending or Prior Proceedings Date:

Item 7: Extended Reporting Period
Premium: % of annual premium
Length:

In witness whereof, the Insurer has caused this Policy to be executed, but it shall not be valid unless also signed by a duly authorized representative of the Insurer.

President Secretary

[signature of president] [signature of secretary]

_________________________________________________________________________

Date