Capmark US Debtors¹

13-week cash flow forecast

(\$ in millions)

Number of Weeks		1		2	3	4		5	6	7		8	9	10		11	12	13	3	TOTAL
Period Beginning		2-Nov	9-	-Nov	16-Nov	23-N	Nov	30-Nov	7-Dec	14-Dec	2	1-Dec	28-Dec	4-Jan	1	11-Jan	18-Jan	25-	Jan	13 week
Net Operating Cash Flow ²	\$	1.4	\$	(3.1) \$	1.4	\$	(3.7) \$	1.4 \$	(3.0)	1.4	\$	(4.6) \$	0.1	\$ (3.	1) \$	(0.6) \$	(2.8)	\$	(1.2)	(16.5)
Restructuring Professional Fees/US Trustee/US Bankruptcy Court Costs	\$	-	\$	- \$	-	\$	- \$	(6.7) \$	- :	5 -	\$	(6.7) \$	-	\$ -	\$	- \$	-	\$	(6.7)	(20.0)
NA Lending & Mortgage Banking																				
HUD - Funding		(3.9)		(2.8)	(17.5)		(3.0)	(11.1)	(2.8)	(14.0))	(3.0)	(25.0)	-		-	-		-	(83.1
HUD - Sales		-		8.6	-		20.3	-	-	-		-	48.6	-		-	-		-	77.4
Misc.	_	1.3	_			_			- (2.2)								-	_		1.3
Total NA Lending & Mortgage Banking	\$	(2.6)	\$	5.8 \$	(17.5)	\$	17.3 \$	(11.1) \$	(2.8)	\$ (14.0)) \$	(3.0) \$	23.6	\$ -	\$	- \$	-	\$	-	(4.4)
Affordable																				
LIHTC (Affordable) - Advances/Equity Installments	\$	-	\$	(5.2) \$	-	\$	- \$	(4.8) \$	- :	\$ -	\$	- \$	-	\$ (2.	1) \$	- \$	-	\$	- 3	(12.2)
Affordable Sales & Maturities		(0.0)		- '-	-		0.1	· - ·	-	-		2.9	-	<u> </u>		-	0.4		-	3.3
Total Affordable	\$	(0.0)	\$	(5.2) \$	-	\$	0.1 \$	(4.8) \$	- :	-	\$	2.9 \$	-	\$ (2.	1) \$	- \$	0.4	\$	-	(8.9)
Servicing																				
Servicing Advances, Net of Repayments	\$	(6.5)	\$	(54.0) \$	0.0	\$	(8.4) \$	(3.8) \$	(22.9)	(25.1)) \$	5.5 \$	(9.9)	\$ -	\$	- \$	-	\$	- 3	(125.0)
Total Servicing	\$	(6.5)	\$	(54.0) \$	0.0	\$	(8.4) \$	(3.8) \$	(22.9)	(25.1)) \$	5.5 \$	(9.9)	\$ -	\$	- \$	-	\$	- :	(125.0)
Asset Proceeds and Other																				
Sale of NA Servicing & Mortgage Banking 3, 4		-		-	-		-	-	-	-		-	593.2	-		-	-		-	593.2
Capital Contribution to Bank 5		-		-	-		-	-	-	-		-	(400.0)	_		-	-		-	(400.0)
Total Asset Proceeds and Other	\$	-	\$	- \$	-	\$	- \$	- \$	- :	\$ -	\$	- \$	193.2	\$ -	\$	- \$	-	\$	- :	193.2
NET CASH FLOW	\$	(7.8)	\$	(56.5) \$	(16.0)	\$	5.2 \$	(25.0) \$	(28.7)	\$ (37.7)) \$	(5.9) \$	206.9	\$ (5.3	3) \$	(0.6) \$	(2.4)	\$	(7.9)	18.4
Beginning Cash	\$	530.0	\$	522.2 \$	465.7	\$ 4	149.7 \$	454.9 \$		\$ 401.2		363.5 \$	357.6			559.2 \$		\$	556.2	
Net Cash Flow		(7.8)		(56.5)	(16.0)		5.2	(25.0)	(28.7)	(37.7)		(5.9)	206.9	(5.3		(0.6)	(2.4)		(7.9)	18.4
Ending Cash	\$	522.2	\$	465.7 \$	449.7	\$ 4	454.9 \$	429.9 \$	401.2	363.5	\$	357.6 \$	564.5	\$ 559.2	2 \$	558.6 \$	556.2	\$	548.4	548.4

Notes:

The cash balances above represent our best estimate of readily available cash. It excludes cash from Capmark Bank, non-debtors and Asia and Europe. It also excludes cash held for the Pledged Collateral Pool, restricted cash and not readily available cash.

- (1) Capmark US Debtors is defined as Capmark Financial Group Inc., Capmark Finance Inc., Capmark Affordable Equity Inc. and Capmark Capital Inc.
- (2) Operating income assumes Capmark Bank agrees to be responsible for \$20 million/annum of Asset Management OPEX. Subject to change.
- (3) Modeled based on the terms set forth in the Berkadia Asset Put Agreement includes \$194 million of proceeds from purchased Servicing Advances and \$35 million of proceeds from purchased FHA / HUD warehouse balances.
- (4) Also includes \$40 million from exercise of the Berkadia put and \$324 million of net proceeds from purchase of MSR/operations, net of adjustments for operating income (\$35 million), deferred compensation reimbursement (\$10 million), and professional fees (\$6 million).
- (5) Subject to US Bankruptcy Court approval and availability of capital.

Memo: Cash Collateral Reserve Account - Total Balance \$ 225.9 \$ 247.1 \$ 248.2 \$ 257.3 \$ 258.3 \$ 261.8 \$ 286.3 \$ 303.5 \$ 332.7 \$ 333.7 \$ 334.7 \$ 335.7 \$ 336.7 \$ 336.7

EXHIBIT B Certificates of Insurance

DATE (MM/DD/YYYY)

A		CERTIFIC	CATE OF LIABILI	TY INSI	JRANCE	Page 1 of 2		06/2009
PRO	DUCER	Willis of New York, In 26 Century Blvd.	877-945-7378 c.	ONLY AND HOLDER.	CONFERS NOTHIS CERTIFICA	UED AS A MATTER OF CONTROL OF CON	IE CE ND, EX	RTIFICATE XTEND OR
		P. O. Box 305191 Nashville, TN 37230-5	191	INSURERS A	FFORDING COV	ERAGE		NAIC#
INSL	IRED	Capmark Financial Grou	p Inc.	INSURER A: Fed	eral Insurance	Company	-	20281-001
		116 Welsh Road Horsham, PA 19044-221	3	INSURER B:				
		,,		INSURER C:		W		
				INSURER D:				
Ĺ				INSURER E:				
A M P	NY REC AY PER OLICIE	ICIES OF INSURANCE LISTED BEL QUIREMENT, TERM OR CONDITIC RTAIN. THE INSURANCE AFFORDE	OW HAVE BEEN ISSUED TO THE INS ON OF ANY CONTRACT OR OTHER DEED BY THE POLICIES DESCRIBED HE AY HAVE BEEN REDUCED BY PAID CL	DOCUMENT WITH REIN IS SUBJECT AIMS.	I RESPECT TO WH TO ALL THE TERM	IICH THIS CERTIFICATE N	MAY BE	ISSUED OR
LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMIT		
	-	GENERAL LIABILITY				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence)	\$	
		CLAIMS MADE OCCUR				MED EXP (Any one person)	s	
		CEANIS MADE COOK				PERSONAL & ADV INJURY	s s	
						GENERAL AGGREGATE	\$	
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$	
		POLICY PRO- JECT LOC						
		AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$	
	-	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
	-	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	-	ANY AUTO				OTHER THAN EA ACC AUTO ONLY: AGG		
	†******	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	s	
i		OCCUR CLAIMS MADE				AGGREGATE	s	
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	s	
		DEDUCTIBLE					\$	
i		RETENTION \$					\$	
A		ERS COMPENSATION	71713951	5/1/2009	5/1/2010	X WC STATU- OTH-		
	ANYP	MPLOYERS' LIABILITY ROPRIETOR/PARTNER/EXECUTIVE N	-			E.L. EACH ACCIDENT	\$ 1	,000,000
	(Mand	atory in NH)				E.L. DISEASE - EA EMPLOYEE	\$ 1	,000,000
L	SPEC	describe under AL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$ 1	,000,000
	OTHE							
ı			LES/EXCLUSIONS ADDED BY ENDORSEMEN VIOUSLY ISSUED CERTIFI			WITH ID: 133477	97	
CE	RTIFIC	CATE HOLDER		CANCELLAT	ION			
				1		ED POLICIES BE CANCELLED B	EFORE 1	THE EXPIRATION
				DATE THEREOF	, THE ISSUING INSURE	ER WILL ENDEAVOR TO MAIL	30	DAYS WRITTEN
			NOTICE TO THE	CERTIFICATE HOLDER	R NAMED TO THE LEFT, BUT FA	VILURE T	TO DO SO SHALL	
	Λ =	fice of the United State	og Trugtor	IMPOSE NO OBI	LIGATION OR LIABILIT	Y OF ANY KIND UPON THE IN	SURER,	ITS AGENTS OR
	J.	Caleb Boggs Federal Bu	ilding	REPRESENTATIV				
844 King Street, Suite 2207 - Lockbox #35 Wilmington, DE 19801			AUTHORIZED REPRESENTATIVE					

ACORD 25 (2009/01)

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER



PROD	PRODUCER 877-945-7378 Willis of New York, Inc. 26 Century Blvd.			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.							
		P. O. Box 305191 Nashville, TN 37230-5	191	INSURERS A	FFORDING COV	ERAGE		NAIC#			
INSUF	ED	Capmark Financial Group	p Inc.	INSURER A: Fed	eral Insurance	Company		20281-001			
		116 Welsh Road Horsham, PA 19044-221	- 3	INSURER 8:							
		101011111111111111111111111111111111111	~	INSURER C:							
				INSURER D:							
INSURER E:							-				
TH	E PC	CHIPEMENT TERM OR CONDITIO	IN OF ANY CONTRACT OR OTHER I	SURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR REIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH AIMS.							
INSR /	NDD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	3				
		GENERAL LIABILITY					\$				
		COMMERCIAL GENERAL LIABILITY				1 TEMPOLO (LO GODE GITTO)	\$				
		CLAIMS MADE OCCUR				` '	\$				
							\$ \$				
		OFNII ACCRECATE LIMIT APPLIES PER					\$ \$				
		POLICY PRO- LOC				PRODUCTS - COMPTOP AGG	<u> </u>				
A		AUTOMOBILE LIABILITY X ANY AUTO	73540859	5/1/2009	5/1/2010	COMBINED SINGLE LIMIT (Ea accident)	\$ 1	,000,000			
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$				
		HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$				
						PROPERTY DAMAGE (Per accident)	\$				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$				
		ANY AUTO				UITER ITAN	\$				
							\$				
		EXCESS/UMBRELLA LIABILITY					\$				
		OCCUR CLAIMS MADE					\$ \$				
		DEDUCTIBLE					s				
		RETENTION \$					\$				
		KERS COMPENSATION				WC STATU- OTH-	•				
	ANY	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE	Į.			E.L. EACH ACCIDENT	\$				
	OFF (Mar	CER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$				
	If yes	s, describe under CIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$				
A	ОТН		73540859	5/1/2009	5/1/2010	\$1000 Comp. Ded. \$1000 Coll. Ded.					
THI	s v	OIDS AND REPLACES PRE	ES/EXCLUSIONS ADDED BY ENDORSEMEN VIOUSLY ISSUED CERTIFI	CATE DATED	: 11/5/2009	WITH ID: 133477	54				
CEF	RTIF	ICATE HOLDER		CANCELLAT							
	J	ffice of the United Stat . Caleb Boggs Federal Bu	ilding	DATE THEREOF NOTICE TO THE IMPOSE NO OB REPRESENTATI	, the issuing insur Certificate Holdei Ligation or Liabili Ves.	BED POLICIES BE CANCELLED BI ER WILL ENDEAVOR TO MAIL R NAMED TO THE LEFT, BUT FA IY OF ANY KIND UPON THE INS	30	DAYS WRITTEN TO DO SO SHALL			
	8 W	44 King Street, Suite 22 ilmington, DE 19801	07 - Lockbox #35	AUTHORIZED RE	PRESENTATIVE						

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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DISCLAIMER



PRODUCER 877 Willis of New York, Inc. 26 Century Blvd.		877-945-7378 :.	ONLY AND	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.					
	P. O. Box 305191 Nashville, TN 37230-51	.91	INSURERS A	INSURERS AFFORDING COVERAGE					
INSURE	Capmark Financial Group 116 Welsh Road	o Inc.	INSURER A: National Union Fire Insurance Co. of Pitt 19445-001 INSURER B:						
	Horsham, PA 19044-2213	}	INSURER C:						
İ			INSURER D:						
	1		INSURER E:						
COVE	RAGES	- Marie	1			•			
ANY	POLICIES OF INSURANCE LISTED BEL REQUIREMENT, TERM OR CONDITIO PERTAIN, THE INSURANCE AFFORDE CIES. AGGREGATE LIMITS SHOWN MA	N OF ANY CONTRACT OR OTHER D BY THE POLICIES DESCRIBED H	DOCUMENT WITH FREIN IS SUBJECT	I RESPECT TO WI	HICH THIS CERTIFICATE M	MAY BE IS	SOLD OR		
INSR AD		POLICY NUMBER		POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMIT	s			
	GENERAL LIABILITY					\$			
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	\$			
	CLAIMS MADE OCCUR				MED EXP (Any one person)	\$			
					PERSONAL & ADV INJURY	\$			
					GENERAL AGGREGATE	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-				PRODUCTS - COMP/OP AGG	\$			
	AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$			
	ALL OWNED AUTOS				BODILY INJURY (Per person)	\$			
	HIRED AUTOS HISTORYMIED AUTOS			1	BODILY INJURY (Per accident)	\$			
	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$,		
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	s			
	ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$ \$			
\vdash	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	s			
					AGGREGATE	\$			
	OCCUR CLAIMS MADE					s			
	DEDUCTIBLE					s			
	DEDUCTIBLE					s			
V	RETENTION \$ VORKERS COMPENSATION				WC STATU- OTH- TORY LIMITS ER	· · · · · · · · · · · · · · · · · · ·			
	IND EMPLOYERS' LIABILITY INY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	s			
	OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	 			
1 1	ves, describe under				E.L. DISEASE - POLICY LIMIT				
A	PECIAL PROVISIONS below OTHERTECH E&O Liability Network Ops Security Liab	019118745	5/31/2009	5/31/2010	\$10,000,000 Aggrega \$10,000,000 Aggrega \$10,000,000 Aggrega	ate ate			
1 1	Electronic Media Liab. Privacy Liability				\$10,000,000 Aggrega				
DESCR	PTION OF OPERATIONS / LOCATIONS / VEHICLE VOIDS AND REPLACES PRE Attached:	ES/EXCLUSIONS ADDED BY ENDORSEM VIOUSLY ISSUED CERTIF	ENT/SPECIAL PROVIS PICATE DATED	o: 11/5/2009	WITH ID: 133485	523			
CEP	TIFICATE HOLDER		CANCELLA'	TION					
CER	Office of the United Stat	es Trustee	SHOULD ANY O DATE THEREOI NOTICE TO THE IMPOSE NO OE	FTHE ABOVE DESCRI F, THE ISSUING INSUF E CERTIFICATE HOLDE BLIGATION OR LIABIL	BED POLICIES BE CANCELLED E RER WILL ENDEAVOR TO MAIL ER NAMED TO THE LEFT, BUT F/ ITY OF ANY KIND UPON THE IN	10 D	AYS WRITTEN DO SO SHALL		
	J. Caleb Boggs Federal Bu 844 King Street, Suite 22 Wilmington, DE 19801	ilding	AUTHORIZED RE						

Willis	S CERTIFICATI	E OF LIABIL	ITY INSURANCE Page 2 of 3 11/	DATE 06/2009
PRODUCER	Willis of New York, Inc. 26 Century Blvd.	877-945-7378	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFO ONLY AND CONFERS NO RIGHTS UPON THE CE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EX ALTER THE COVERAGE AFFORDED BY THE POLICIE	RTIFICATE XTEND OR
	P. O. Box 305191 Nashville, TN 37230-5191		INSURERS AFFORDING COVERAGE	NAIC#
INSURED	Capmark Financial Group Inc.		INSURERA: National Union Fire Insurance Co. of Pitt	19445-001
	116 Welsh Road Horsham, PA 19044-2213		INSURER B:	
	noisham, FR 19044-2213		INSURER C:	
			INSURER D:	
	1		INSURER E:	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Employment Practices Liability Policy #27402-3016-EPLI-2009 Effective Date: 05/31/2009 Expiration Date: 05/31/2010

Carrier: Max Bermuda Ltd.
Limits: Per Claim Limit \$25,000,000; Aggregate Limit \$25,000,000
Per Claim SIR \$1,000,000

Page 3 of 3

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

•		OLIVINIC	AIL OI LIADILI			Page 1 Of 3	11/06/2009			
		Willis of New York, Inc. 26 Century Blvd.		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.						
		P. O. Box 305191 Nashville, TN 37230-5	191	INSURERS A	FFORDING COV	ERAGE	NAIC#			
INSU	RED	Capmark Financial Group 116 Welsh Road	o Inc.		. Specialty In	surance Company	29599-001			
		Horsham, PA 19044-2213	3	INSURER B:						
				INSURER C:						
				INSURER D:						
	/ERAC) Ee		INSURER E:						
TI- AN	IE POL NY REC	ICIES OF INSURANCE LISTED BEL QUIREMENT, TERM OR CONDITIO ITAIN. THE INSURANCE AFFORDE	OW HAVE BEEN ISSUED TO THE INS N OF ANY CONTRACT OR OTHER I D BY THE POLICIES DESCRIBED HE LY HAVE BEEN REDUCED BY PAID CL	DOCUMENT WITH REIN IS SUBJECT	I RESPECT TO WI	IICH THIS CERTIFICATE N	MAY BE ISSUED OR			
	ADD'L INSRD				POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMIT	e			
LTR		TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)	EACH OCCURRENCE	\$			
		GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	\$			
	-	CLAIMS MADE OCCUR				MED EXP (Any one person)	s			
		CLAIMS MADE OCCOR				PERSONAL & ADV INJURY	s			
						GENERAL AGGREGATE	s			
	-	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	s			
	-	POLICY PRO-				PRODUCTO-CONITYON ACC	<u> </u>			
	-	AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$			
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$			
		HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$			
						PROPERTY DAMAGE (Per accident)	\$			
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$			
		ANY AUTO				OTHER THAN EA ACC	\$			
						AUTO ONLY: AGG	\$			
		EXCESS/UMBRELLA LIABILITY	·			EACH OCCURRENCE	\$			
		OCCUR CLAIMS MADE				AGGREGATE	\$			
					}		\$			
		DEDUCTIBLE					\$			
		RETENTION \$				WC STATUL OTH	\$			
		ERS COMPENSATION MPLOYERS' LIABILITY V/N				TORY LIMITS ER				
	ANY P	ROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$			
	(Manda	ER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$			
<u>_</u>		describe under AL PROVISIONS below	14460700310355	6/30/2009	6/30/2010	E.L. DISEASE - POLICY LIMIT	\$			
A	OTHE	ctors & Officers	14MGU09A19355	6/30/2009	6/30/2010	\$10,000,000 Primary \$75,000,000 Total				
			LES / EXCLUSIONS ADDED BY ENDORSEMEN							
TH	s vo	IDS AND REPLACES PRE	VIOUSLY ISSUED CERTIFI	CATE DATED	: 11/5/2009	WITH ID: 133478	103			
See	<u> Δ+</u> +	ached:								
CE	RTIFIC	ATE HOLDER		CANCELLAT	rion					
				1		BED POLICIES BE CANCELLED E	BEFORE THE EXPIRATION			
				DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL						
1				IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR						
		fice of the United Stat		REPRESENTATIVES.						
J. Caleb Boggs Federal Building 844 King Street, Suite 2207 - Lockbox #35			AUTHORIZED REPRESENTATIVE							

Willis	CERTIFICATE	OF LIABIL	ITY INSURANCE Page 2 of 3 1	DATE 1/06/2009	
PRODUCER	Willis of New York, Inc. 26 Century Blvd.	877-945-7378	THIS CERTIFICATE IS ISSUED AS A MATTER OF II ONLY AND CONFERS NO RIGHTS UPON THE HOLDER. THIS CERTIFICATE DOES NOT AMEND, ALTER THE COVERAGE AFFORDED BY THE POLICE	CERTIFICATE EXTEND OR	
	P. O. Box 305191 Nashville, TN 37230-5191		INSURERS AFFORDING COVERAGE	NAIC#	
INSURED	Capmark Financial Group Inc.		INSURERA: U.S. Specialty Insurance Company	29599-001	
	116 Welsh Road Horsham, PA 19044-2213		INSURER B:		
	noisham, FR 19044-2213		INSURER C:		
			INSURER D:		
	ı		INSURER E:		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Excess Directors & Officers Liability Policy Period All Layers 6/30/2009 - 6/30/2010 XL Specialty Insurance Company Policy #ELU112074-09 \$10,000,000 excess of \$10,000,000 Federal Insurance Company Policy #8211-9255 \$5,000,000 part of \$10,000,000 excess of \$20,000,000 Everest Indemnity Insurance Company Policy #FL5ED00024091 \$5,000,000 part of \$10,000,000 excess of \$20,000,000 Arch Insurance Company Policy #00D0X011200403 \$5,000,000 part of \$10,000,000 excess of \$30,000,000 ACE American Insurance Company DOX G24574799001 \$5,000,000 part of \$10,000,000 excess of \$30,000,000 National Union Fire Insurance Company Policy #02-377-79-70 \$10,000,000 excess \$40,000,000 U.S. Specialty Insurance Company (HCC) 14-MGU-09-A19475 \$10,000,000 excess of \$50,000,000 Side A DIC Westchester Fire Insurance Company Policy #G24078802 001 \$5,000,000 excess \$60,000,000 Side A DIC Liberty Mutual Insurance Company Policy #204221-019 \$10,000,000 excess of \$65,000,000 Side A DIC

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

	<u> </u>	<i></i>			Fage 1 01 3	11/	00/2009
PRODU	Willis of New York, In 26 Century Blvd.	877-9 4 5-7378	ONLY ANI	D CONFERS N THIS CERTIFICA	UED AS A MATTER OF RIGHTS UPON THATE DOES NOT AMEN	IE CE ND, E	RTIFICATE XTEND OR
	P. O. Box 305191 Nashville, TN 37230-5	191	INSURERS A	FFORDING COV	ERAGE		NAIC#
INSURE	Capmark Financial Grou	p Inc.	INSURER A: HOU	ston Casualty	Company		42374-001
	116 Welsh Road Horsham, PA 19044-221	3	INSURER B:				
	, 19011 221	-	INSURER C:				
			INSURER D:				
L			INSURER E:	**************************************			
	RAGES						
MAY POLI	POLICIES OF INSURANCE LISTED BEL REQUIREMENT, TERM OR CONDITIO PERTAIN, THE INSURANCE AFFORDE ICIES. AGGREGATE LIMITS SHOWN MA	ON OF ANY CONTRACT OR OTHER (ED BY THE POLICIES DESCRIBED HE	DOCUMENT WITH REIN IS SUBJECT	H RESPECT TO WI	HICH THIS CERTIFICATE I	MAY BE	ISSUED OR
INSR AD	D'L BRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY			1	EACH OCCURRENCE	\$	
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	\$	
	CLAIMS MADE OCCUR				MED EXP (Any one person)	\$	
					PERSONAL & ADV INJURY	\$	
					GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-				PRODUCTS - COMP/OP AGG	\$	
	AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$	
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
					PROPERTY DAMAGE (Per accident)	\$	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO				OTHER THAN EA ACC	\$	
<u> </u>					AUTO ONLY: AGG	\$	
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
	OCCUR CLAIMS MADE				AGGREGATE	\$	
	DEDUCTIBLE					\$	
	RETENTION \$					s	
	ORKERS COMPENSATION				WC STATU- TORY LIMITS ER	•	
l la	ND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$	
	FFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE		
l If	yes, describe under PECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT		
м	THER Ortgage/Banker/Brokers rrors & Omissions	14MG09A9761	6/30/2009	6/30/2010	\$10,000,000 Primary \$100,000,000 Total		
	PTION OF OPERATIONS / LOCATIONS / VEHICL Attached:	ES / EXCLUSIONS ADDED BY ENDORSEMEN	T/SPECIAL PROVISI	ONS			
CERT	IFICATE HOLDER		CANCELLAT	ION			
	HOATEHOEDER				ED POLICIES BE CANCELLED B	EEODE T	HE EXPIDATION
			1		ER WILL ENDEAVOR TO MAIL		
			1		R NAMED TO THE LEFT, BUT FA		· · ·
					Y OF ANY KIND UPON THE IN		
	Office of the United State J. Caleb Boggs Federal Bu	ilding	REPRESENTATIV	/ES.			
	844 King Street, Suite 229 Wilmington, DE 19801	07 - Lockbox #35	AUTHORIZED REP	PRESENTATIVE			

Willi	S CERTIFICATE	E OF LIABIL	ITY INSURANCE Page 2 of 3	11/06/2009
PRODUCER	Willis of New York, Inc. 26 Century Blvd.	877-945-7378	THIS CERTIFICATE IS ISSUED AS A MATTER OF ONLY AND CONFERS NO RIGHTS UPON THE HOLDER. THIS CERTIFICATE DOES NOT AMEN ALTER THE COVERAGE AFFORDED BY THE PO	IE CERTIFICATE ND, EXTEND OR
	P. O. Box 305191 Nashville, TN 37230-5191		INSURERS AFFORDING COVERAGE	NAIC#
INSURED	Capmark Financial Group Inc.		INSURER A: Houston Casualty Company	42374-001
	116 Welsh Road Horsham, PA 19044-2213		INSURER B:	
=	HOISHAM, PA 19044-2213		INSURER C:	
			INSURER D:	
	1		INSURER E:	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Capmark Financial Group Inc. E&O Program (Banker's Professional Liability) All policies: 6/30/09-6/30/10 Total aggregate limits: \$100,000,000 Primary: Houston Casualty Company 14-MG-09-A9761 Limit of liability primary/aggregate: \$10,000,000 Retention per claim: \$2,500,000 Excess: Indian Harbor Insurance Company (XL) ELU112072-09 \$15,000,000 excess of \$10,000,000 American International Specialty Lines Insurance Company 02-381-33-18 \$10,000,000 excess of \$25,000,000 Federal Insurance Company (Chubb) 6804-2615 \$10,000,000 excess of \$35,000,000 Everest Indemnity Insurance Company FL5EE00036091 \$5,000,000 part of \$15,000,000 excess of \$45,000,000 Arch Specialty Insurance Company BPL0021778-02 \$5,000,000 part of \$15,000,000 excess of \$45,000,000 Columbia Casualty Company (C N A) 287011243 \$5,000,000 part of \$15,000,000 excess of \$45,000,000 AXIS Insurance Company MNN732954/01/2009 \$10,000,000 excess of \$60,000,000 Westchester Fire Insurance Company G24078772001 \$10,000,000 excess of \$70,000,000 National Casualty Company (Freedom Specialty) XMI0900054 \$10,000,000 excess of \$80,000,000 AIG Excess Liability Insurance International Limited 382336119 \$10,000,000 excess of \$90,000,000

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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DISCLAIMER



			···-			- rage I OI Z	11/00/2009		
PRODUCER Willis of New York, Inc 26 Century Blvd.		Willis of New York, In 26 Century Blvd.	877-9 4 5-7378 c.	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.					
P. O. Box 305191 Nashville, TN 37230-5191			191	INSURERS A	FFORDING COV	ERAGE	NAIC#		
INSU	RED	Capmark Financial Group	p Inc.	INSURER A: Nat	ional Union Fi	re Insurance Co. of	Pitt 19445-001		
		116 Welsh Road Horsham, PA 19044-221	3	INSURER B: Fed	eral Insurance	Company	20281-001		
		,	-	INSURER C: XL	Specialty Inst	rance Company	37885-002		
				INSURER D:					
<u> </u>		1		INSURER E:					
CO	VER/	AGES					····		
AI M	NY RE	EQUIREMENT, TERM OR CONDITION FRIAIN, THE INSURANCE AFFORDS	.OW HAVE BEEN ISSUED TO THE INS DN OF ANY CONTRACT OR OTHER I ED BY THE POLICIES DESCRIBED HE AY HAVE BEEN REDUCED BY PAID CL	DOCUMENT WITH	RESPECT TO WE	HICH THIS CERTIFICATE I	MAY BE ISSUED OR		
INSR LTR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMIT	'S		
		GENERAL LIABILITY				EACH OCCURRENCE	\$		
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	\$		
		CLAIMS MADE OCCUR				MED EXP (Any one person)	s		
ŀ						PERSONAL & ADV INJURY	\$		
						GENERAL AGGREGATE	\$		
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$		
		POLICY PRO- JECT LOC							
		ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	s		
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$		
:		HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$		
						PROPERTY DAMAGE (Per accident)	\$		
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$		
		ANY AUTO				OTHER THAN EA ACC	\$		
L						AUTO ONLY: AGG	\$		
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$		
		OCCUR CLAIMS MADE				AGGREGATE	\$		
		·—¬					\$		
		DEDUCTIBLE					\$		
		RETENTION \$					\$		
		KERS COMPENSATION EMPLOYERS' LIABILITY				WC STATU- TORY LIMITS ER			
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$		
	(Man	CER/MEMBER EXCLUDED? datory in NH) describe under				E.L. DISEASE - EA EMPLOYEE	\$		
A	SPEC	RFiduciary	020008598	6/30/2009	6/20/2010	E.L. DISEASE - POLICY LIMIT	\$		
B	1st	Layer Fiduciary Layer Fiduciary	68042619	6/30/2009 6/30/2009 6/30/2009	6/30/2010 6/30/2010 6/30/2010	\$10,000,000 Limit \$10,000,000 xs \$10, \$5,000,000 xs \$20,0			
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS PHIS VOIDS AND REPLACES PREVIOUSLY ISSUED CERTIFICATE DATED: 11/5/2009 WITH ID: 13347847								
<u></u>				04110=::::	1011				
CEI	KIIFI	CATE HOLDER	With the second	CANCELLAT	***************************************				
						ED POLICIES BE CANCELLED B			
				1		R WILL ENDEAVOR TO MAIL			
						NAMED TO THE LEFT, BUT FA			
		fice of the United State		ı		Y OF ANY KIND UPON THE IN:	SURER, ITS AGENTS OR		
	J.	. Caleb Boggs Federal Bui 14 King Street, Suite 220	llding 27 - Lockbox #35	REPRESENTATIV					
844 King Street, Suite 2207 - Lockbox #35 Wilmington, DE 19801			AUTHORIZED REPRESENTATIVE						

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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DISCLAIMER



PRODUCER Willis of New York, Inc. 26 Century Blvd.			877-945-7378 :.	THIS CERT ONLY AND HOLDER. 1 ALTER THI	RTIFICATE KTEND OR				
P. O. Box 305191 Nashville, TN 37230-519			.91	INSURERS A	FFORDING COV	ERAGE		NAIC#	
INSURED Capmark Financial Group			o Inc.	INSURER A: Nat	ional Union Fi	re Insurance Co. of	Pitt	19445-001	
		116 Welsh Road Horsham, PA 19044-2213	1	INSURER B:					
		101111111, 111 27011 1101		INSURER C:					
				INSURER D:					
				INSURER E:					
TH AN	IE POI	.GES LICIES OF INSURANCE LISTED BEL QUIREMENT, TERM OR CONDITIO RTAIN, THE INSURANCE AFFORDE S. AGGREGATE LIMITS SHOWN MA	N OF ANY CONTRACT OR OTHER D BY THE POLICIES DESCRIBED H	R DOCUMENT WITH REREIN IS SUBJECT	RESPECT TO WE	IICH THIS CERTIFICATE M	AY BE	ISSUED OR I	
INSR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	3		
LIK	MOND	GENERAL LIABILITY					\$		
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	\$		
	ŀ	CLAIMS MADE OCCUR					\$		
	ŀ					PERSONAL & ADV INJURY	\$		
	ŀ					GENERAL AGGREGATE	\$		
		GEN'L AGGREGATE LIMIT APPLIES PER:					\$		
		POLICY PRO- JECT LOC					<u> </u>		
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO			ļ	(La doudont)			
		ALL OWNED AUTOS				BODILY INJURY (Per person)	\$		
		SCHEDULED AUTOS							
		HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$		
						PROPERTY DAMAGE (Per accident)	\$		
├		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$		
		ANY AUTO				EAACC	\$		
		ANT 2010				OTHER THAN AUTO ONLY: AGG	\$		
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$		
		OCCUR CLAIMS MADE					\$		
ļ		CCCGR CEANNO WINDE					\$		
		DEDUCTIBLE					\$		
		RETENTION \$					\$		
	WOR	KERS COMPENSATION				WC STATU- TORY LIMITS ER			
	AND	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE					\$		
	OFFI	CER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$		
	If ves	. describe under				E.L. DISEASE - POLICY LIMIT			
A	отні	CIAL PROVISIONS below ER me/Fidelity	018999849	5/31/2009	5/31/2010	\$15,000,000 Primary \$100,000,000 Total see attached		s	
TH:	is v	on of operations / Locations / Vehici OIDS AND REPLACES PRE	ES/EXCLUSIONS ADDED BY ENDORSEM VIOUSLY ISSUED CERTI	ENT/SPECIAL PROVIS FICATE DATED	ions 0: 11/5/2009	WITH ID: 133478	20		
CE	CERTIFICATE HOLDER			CANCELLATION					
Office of the United States Trustee J. Caleb Boggs Federal Building			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.						
	8	44 King Street, Suite 22 ilmington, DE 19801	07 - Lockbox #35	AUTHORIZED RE	PRESENTATIVE				

Willis	CERTIFICATE	OF LIABILI	TY INSURANCE Page 2 of 3 11/	DATE 06/2009					
PRODUCER	Willis of New York, Inc. 26 Century Blvd.	877-945-7378	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.						
	P. O. Box 305191 Nashville, TN 37230-5191		INSURERS AFFORDING COVERAGE	NAIC#					
INSURED	Capmark Financial Group Inc.		INSURER A: National Union Fire Insurance Co. of Pitt	19445-001					
	116 Welsh Road Horsham, PA 19044-2213		INSURER B:						
	notonom, in 19022-and		INSURER C:						
			INSURER D:						
	1		INSURER E:						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Excess Crime/Fidelity
Policy Period All Layers 5/31/2009 - 5/31/2010

RLI Insurance Company
Policy #BND0100156
\$10,000,000 excess of \$15,000,000

Federal Insurance Company
Policy #82126714
\$15,000,000 part of \$25,000,000 excess of \$25,000,000

Berkley Regional Insurance Company
Policy #BF17000067-09
\$10,000,000 part of \$25,000,000 excess of \$25,000,000

Berkley Regional Insurance Company
Policy #BF17000068-09
\$10,000,000 part of \$25,000,000 excess of \$50,000,000

Fidelity and Deposit Company of Maryland
Policy #FIB0006425-05
\$15,000,000 part of \$25,000,000 excess of \$50,000,000

Underwriter's at Lloyd's
Policy #B080111333P09
\$25,000,000 excess of \$75,000,000

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DISCLAIMER

DATE (MM/DD/YYYY)

		CERTIFIC	11 1 IN 2	UKANCE	Page 1 of 2	11/	09/2009	
		Willis of New York, In 26 Century Blvd.	877-945-7378 c.	ONLY ANI	D CONFERS N THIS CERTIFICA	UED AS A MATTER O O RIGHTS UPON TH ATE DOES NOT AME AFFORDED BY THE PO	IE CE ND, E)	RTIFICATE XTEND OR
		P. O. Box 305191 Nashville, TN 37230-5	191	INSURERS A	FFORDING COV	ERAGE	ļ	NAIC#
INSU	IRED	Capmark Financial Grou	p Inc.	INSURER A: ACE	American Ins	urance Company		22667-911
		116 Welsh Road Horsham, PA 19044-221	3	INSURER B:				
		•		INSURER C:				
				INSURER D:				
	\/FD	1050		INSURER E:				<u> </u>
TI Al M	HE PC	EQUIREMENT, TERM OR CONDITION OF THE INSURANCE AFFORDS	OW HAVE BEEN ISSUED TO THE INS ON OF ANY CONTRACT OR OTHER ED BY THE POLICIES DESCRIBED HE AY HAVE BEEN REDUCED BY PAID CL	DOCUMENT WITH	I RESPECT TO WI	HICH THIS CERTIFICATE	MAY BE	ISSUED OR
	ADD'L INSRD				POLICY EXPIRATION DATE (MM/DD/YYYY)			
A	INSRD	TYPE OF INSURANCE GENERAL LIABILITY	POLICY NUMBER PHFD36831546	5/1/2009	5/1/2010	EACH OCCURRENCE		,000,000
^		X COMMERCIAL GENERAL LIABILITY	PAPD30031340	5/1/2009	3/1/2010	DAMAGE TO RENTED PREMISES (Ea occurence)		,000,000
		CLAIMS MADE X OCCUR				MED EXP (Any one person)	s	25,000
						PERSONAL & ADV INJURY		,000,000
						GENERAL AGGREGATE		,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 2	,000,000
		POLICY PRO- JECT X LOC						
A		ANY AUTO	PHFD36831546	5/1/2009	5/1/2010	COMBINED SINGLE LIMIT (Ea accident)	\$ 2	,000,000
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
		HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
		ANY AUTO				OTHER THAN EA ACC	\$	
<u> </u>						AUTO ONLY: AGG	\$	
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
		OCCUR CLAIMS MADE				AGGREGATE	\$	
							\$	
		DEDUCTIBLE	1				\$	
<u> </u>	WOR	RETENTION \$ KERS COMPENSATION	DUED 2 6 9 2 1 5 4 6	F /1 /2000	E /1 /2010	X WC STATU- OTH- TORY LIMITS ER	\$	
A	AND	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE	PHFD36831546	5/1/2009	5/1/2010	X TÖRY LIMITS ER	\$ 2	,000,000
	OFFI	CER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE		,000,000
	If ves	describe under CIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT		,000,000
A	OTH Emp	R loyers Responsibility	PHFD36831546	5/1/2009	5/1/2010	1 -	each e	mployee Limit
DES	CRIPTI	ON OF OPERATIONS / LOCATIONS / VEHICL	LES / EXCLUSIONS ADDED BY ENDORSEMEN	NT / SPECIAL PROVISI	ONS	\$1M Executive Assis	<u> </u>	Ser
<u></u>	DT:-	AATE HOLDED						
CE	RTIF	CATE HOLDER		CANCELLAT				
				1		BED POLICIES BE CANCELLED B		
				1		ER WILL ENDEAVOR TO MAIL		
				NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR				
		ffice of the United State		REPRESENTATIVES.				
J. Caleb Boggs Federal Building 844 King Street, Suite 2207 - Lockbox #35 Wilmington, DE 19801		AUTHORIZED REPRESENTATIVE						

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DISCLAIMER

ACORD	

DATE (MM/DD/YYYY)

	CERTIFIC	JAIL OF LIABIL	II Y INS	URANCE	Page 1 of 2	11/	06/2009		
PRODUCER	Willis of New York, In 26 Century Blvd.	877-945-7378 c.	ONLY AN HOLDER.	D CONFERS N THIS CERTIFICA	UED AS A MATTER OF RIGHTS UPON THATE DOES NOT AME	HE CE	RTIFICATE XTEND OR		
	P. O. Box 305191 Nashville, TN 37230-5	191		AFFORDING COV		<u> </u>	NAIC#		
INSURED	Capmark Financial Grou	p Inc.	INSURER A: Fed	ieral Insurance	Company		20281-001		
	116 Welsh Road Horsham, PA 19044-221	3	INSURER B:						
			INSURER C:						
			INSURER D:						
COVERAG	 		INSURER E:						
THE POLIC ANY REQU MAY PERT POLICIES.	CIES OF INSURANCE LISTED BEL JIREMENT, TERM OR CONDITION AIN THE INSURANCE AFFORDS	OW HAVE BEEN ISSUED TO THE INS ON OF ANY CONTRACT OR OTHER DE ED BY THE POLICIES DESCRIBED HE BY HAVE BEEN REDUCED BY PAID CL	OCCUMENT WITH REIN IS SUBJEC AIMS.	H RESPECT TO WI T TO ALL THE TERI	HIGH THIS CERTIFICATE I	MAV RE	ISSUED OF		
INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMIT	rs			
A GE	ENERAL LIABILITY	74996137	5/1/2009	5/1/2010	EACH OCCURRENCE	\$ 1	,000,000		
<u> </u>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 1	,000,000		
	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$	1,000		
					PERSONAL & ADV INJURY		,000,000		
GE	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-				PRODUCTS - COMP/OP AGG		,000,000 ,000,000		
AU	ITOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$			
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$			
	HIRED AUTOS				BODILY INJURY (Per accident)	\$			
					PROPERTY DAMAGE (Per accident)	\$			
GA	RAGE LIABILITY				AUTO ONLY - EA ACCIDENT	s			
	ANY AUTO				OTHER THAN AUTO ONLY: EA ACC AGG	\$ \$			
EX	CESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$			
	OCCUR CLAIMS MADE				AGGREGATE	\$			
	DEDUCTIBLE					\$			
	RETENTION \$					\$			
1 1	S COMPENSATION PLOYERS' LIABILITY				WC STATU- TORY LIMITS ER				
ANY PRO	PRIETOR/PARTNER/EXECUTIVE //MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$	-		
(Mandato If yes, des	ry in NH) cribe under				E.L. DISEASE - EA EMPLOYEE				
SPECIAL OTHER	PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$			
		ES/EXCLUSIONS ADDED BY ENDORSEMENT VIOUSLY ISSUED CERTIFIC			WITH ID: 133477	49			
CEDTICIO	TE HOLDED								
Office of the United States Trustee			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR						
844	J. Caleb Boggs Federal Building 844 King Street, Suite 2207 - Lockbox #35 Wilmington, DR 19801			REPRESENTATIVES. AUTHORIZED REPRESENTATIVE					

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DISCLAIMER

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- 7	

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

PRODUCER NAME, CONTACT PERSON AND ADDRESS: PHONE (A/C, No, Ext): 877-945-7378				COMPANY NAME AND ADDRESS	NAIC NO: 09016-900
Willis of New York, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191				ACE American Insurance Compan Dept CH 10123 Palantine, IL 60055-0123	y
FAX (A/C, No): E-MAIL ADDRESS:				IF MULTIPLE COMPANIES, COMF	PLETE SEPARATE FORM FOR EACH
CODE: SUB CODE:				POLICY TYPE	
AGENCY CUSTOMER ID #:				Commercial Property	
NAMED INSURED AND ADDRESS Capmark Financial Group Inc.				LOAN NUMBER	POLICY NUMBER
116 Welsh Road					GPAD36111057002
Horsham, PA 19044-2213				EFFECTIVE DATE EXPIRATION DAT	CONTINUED UNTIL
ADDITIONAL NAMED INCLUDED ON				05/01/2009 05/01/201	TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)				THIS REPLACES PRIOR EVIDENCE DATED: 11/5/2009 WITH ID: 13347	1037
DDODEDTY INFORMATION (Hee DEMARKS on none 2 %					
PROPERTY INFORMATION (Use REMARKS on page 2, if me	ore s	pac	e is	required) X BUILDING OR X	BUSINESS PERSONAL PROPERTY
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OBE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY	POLIC	R DC CIES	DES	IENT WITH RESPECT TO WHICH THIS EVI CRIBED HEREIN IS SUBJECT TO ALL THE	DENCE OF PROPERTY INSURANCE MAY
COVERAGE INFORMATION PERILS INSURED	BAS	IC		BROAD X SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$		000,			DED: \$10,000
		NO	N/A		
X BUSINESS INCOME X RENTAL VALUE	X		<u> </u>		x Actual Loss Sustained # of months12
BLANKET COVERAGE TERRORISM COVERAGE		X		If YES, indicate value(s) reported on property	y identified above: \$
TERRORISM COVERAGE IS THERE A TERRORISM-SPECIFIC EXCLUSION?	x		-	Attach Disclosure Notice / DEC	
IS DOMESTIC TERRORISM EXCLUDED?	X X				
LIMITED FUNGUS COVERAGE	+	x		If YES. LIMIT:	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	x			per form	
REPLACEMENT COST	х				
AGREED VALUE	1	х			
COINSURANCE		x		If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)	х			If YES, LIMIT: Included	DED: \$10,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	x				
- Demolition Costs	x			If YES, LIMIT: \$1,000,000	DED: \$10,000
- Incr. Cost of Construction	x			If YES, LIMIT: \$1,000,000	DED: \$10,000
EARTH MOVEMENT (If Applicable)	X			If YES, LIMIT: \$10,000,000 Ann	
FLOOD (If Applicable)	X		<u> </u>	If YES, LIMIT: \$5,000,000 Ann	
WIND / HAIL (If Subject to Different Provisions) PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE	X		<u> </u>	If YES, LIMIT: Included	DED: \$10,000
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	Х				
CANCELLATION					
CANCELLATION	DCE/		T116	EVENDATION DATE THEREOF, THE LOCALIS	NO MOURED WILL EVEN AND TO
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED MAIL 10 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTER OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR RE	REST	NAM	IED I	BELOW, BUT FAILURE TO MAIL SUCH NO	TICE SHALL IMPOSE NO OBLIGATION
ADDITIONAL INTEREST					
MORTGAGEE CONTRACT OF SALE				LENDER SERVICING AGENT NAME AND ADDRESS	S
LENDERS LOSS PAYABLE					
Office of the United States Trustee J. Caleb Boggs Federal Building 844 King Street, Suite 2207 - Lockbox #35 Wilmington, DE 19801					
-				AUTHORIZED REPRESENTATIVE	

ACORD

Willis of New York, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191			ONLY AND HOLDER.	F INFORMATION E CERTIFICATE ND, EXTEND OR DLICIES BELOW.				
		INSURERS A	NAIC#					
INSUR	ED Capmark Financial Group	o Inc.	INSURER A: Nat	ional Union Fi	re Insurance Co. of	Pitt 19445-001		
	116 Welsh Road	•	INSURER B:					
	Horsham, PA 19044-2213		INSURER C:					
			INSURER D:					
			INSURER E:					
COV	ERAGES							
ANY	E POLICIES OF INSURANCE LISTED BEL Y REQUIREMENT, TERM OR CONDITIO Y PERTAIN, THE INSURANCE AFFORDE LICIES. AGGREGATE LIMITS SHOWN MA	N OF ANY CONTRACT OR OTHER I D BY THE POLICIES DESCRIBED HE	DOCUMENT WITH REIN IS SUBJECT	RESPECT TO WE	ICH THIS CERTIFICATE M	MAY BE ISSUED OR		
INSR AI	DD'L ISRU TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMIT	s		
EIIX IIX	GENERAL LIABILITY		DATE (MM/DD/1111)	DATE (HIM/DD/1111)	EACH OCCURRENCE	\$		
}	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	\$		
	CLAIMS MADE OCCUR				MED EXP (Any one person)	\$		
					PERSONAL & ADV INJURY	\$		
					GENERAL AGGREGATE	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$		
	POLICY PRO- JECT LOC							
	AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$		
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$		
	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$		
					PROPERTY DAMAGE (Per accident)	\$		
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$		
	ANY AUTO				OTHER THAN EA ACC	\$		
					ALITO ONLY:	\$		
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$		
	OCCUR CLAIMS MADE				AGGREGATE	\$		
						\$		
	DEDUCTIBLE			,		\$		
	RETENTION \$				LANC CTATUL COTU	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				WC STATU- OTH- TORY LIMITS ER			
1 1 .	ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under				E.L. DISEASE - EA EMPLOYEE			
	SPECIAL PROVISIONS below OTHER	018993177	5/31/2009	5/31/2010	E.L. DISEASE - POLICY LIMIT	\$		
- 1	Employers Lawyers Liab	010333177	3,31,2003	3/31/2010	\$5,000,000 Aggregat	: e		
DESCE	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES / EXCLUSIONS ADDED BY ENDORSEMEN	T/SPECIAL PROVISIO	ONS				
	VOIDS AND REPLACES PRE				WITH ID: 133478	79		
CER	TIFICATE HOLDER		CANCELLAT	ION				
					ED POLICIES BE CANCELLED B	EFORE THE EXPIRATION		
			1		R WILL ENDEAVOR TO MAIL	'		
			1		NAMED TO THE LEFT, BUT FA			
	ossina as an arrival arriva		IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR					
	Office of the United State J. Caleb Boggs Federal Bu	llding	REPRESENTATIV					
844 King Street, Suite 2207 - Lockbox #35 Wilmington, DE 19801			AUTHORIZED REPRESENTATIVE					

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DISCLAIMER



PRODUCER		Willis of New York, In	877-945-7378	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					
26 Century Blvd. P. O. Box 305191			ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.						
	Nashville, TN 37230-5191			INSURERS A	INSURERS AFFORDING COVERAGE				
INSUR	ED	Capmark Financial Group	p Inc.	INSURER A: X.L	. Insurance Co	, of America Inc.	40193-00	1	
		116 Welsh Road Horsham, PA 19044-221	3	INSURER B: Lib	erty Insurance	Underwriters, Inc.	19917-00	2	
		·		INSURER C: Nat	ional Surety C	orporation	21881-00	1	
				INSURER D:		······································			
				INSURER E:					
THI AN' MA	COVERAGES 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							R	
INSR A			Y HAVE BEEN REDUCED BY PAID CL		POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS			
LTR II	ISRD	TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)	1		\dashv	
	-	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)		-	
	-	CLAIMS MADE OCCUR					-	\dashv	
	t	CLAIMS MADE CCCOR				`		\dashv	
	H						<u> </u>	\dashv	
	-	CENT ACCRECATE LIMIT APPLIES DEP							
	-	POLICY PRO- LOC				PRODUCTS - COMP/OP AGG	5		
		AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	5		
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	5		
	-	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	5		
						PROPERTY DAMAGE (Per accident)	5		
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT S	3		
		ANY AUTO .				OTHER THAN EA ACC S			
A		EXCESS/UMBRELLA LIABILITY	US00011493LI09A	5/1/2009	5/1/2010	EACH OCCURRENCE	25,000,00	0	
		X OCCUR CLAIMS MADE		-, -,			25,000,00		
	-					9	\$		
	-	DEDUCTIBLE					\$		
	WORK	X RETENTION \$ 10,000		·····			\$	\dashv	
	AND E	KERS COMPENSATION MPLOYERS' LIABILITY Y/N		:		WC STATU- TORY LIMITS ER			
	ANY F	ROPRIETOR/PARTNER/EXECUTIVE					\$		
	If ves.	ER/MEMBER EXCLUDED? atory in NH) describe under				E.L. DISEASE - EA EMPLOYEE	*	-	
ъ	SPEC	IAL PROVISIONS below	TO1-B71100706020	5/1/2009	5/1/2010	E.L. DISEASE - POLICY LIMIT S			
		RExcess First Layer ess Second Layer		5/1/2009	5/1/2010	\$50,000,000 xs \$25,0 \$25,000,000 xs \$75,0			
DESC	RIPTIC	ON OF OPERATIONS / LOCATIONS / VEHICL	ES / EXCLUSIONS ADDED BY ENDORSEMEN	T / SPECIAL PROVISION	ONS	•		\dashv	
			VIOUSLY ISSUED CERTIFI			WITH ID: 1334778	38		
CEP	TIFI	CATE HOLDER		CANCELLAT	ION				
CER	111-19	ZA : L TIVLVER	 			ED DOLLOIES DE CANCEL : ES DE	EODE THE EVERY	- 14C	
						ED POLICIES BE CANCELLED BE ER WILL ENDEAVOR TO MAIL			
						R NAMED TO THE LEFT, BUT FAII Y OF ANY KIND UPON THE INSI			
		fice of the United State		REPRESENTATIV		. SCARL MRD OFON THE INS	ONEN, 113 AGENIS (^	
		Caleb Boggs Federal Bu: 4 King Street, Suite 220		AUTHORIZED REP				-	
		lmington, DE 19801		1 1	har			i	

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