CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2009

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

PHONE (866) 283-7122 FAX (847) 953-5390

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.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Zurich American Ins Co	16535
INSURER B:	St Paul Fire & Marine Insurance Co.	24767
INSURER C:	American International Specialty Lines	26883
INSURER D:		
INSURER E:		

INSURED
R.H. Donnelley Corp.
1001 Winstead Drive
Attn: Ann Hudock
Cary NC 27513 USA

Holder Identifier :

Certificate No : 570034924583

COVERAGES

SIR applies per terms and conditions of the policy

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC	GL0292347209	06/30/2008	06/30/2009	EACH OCCURRENCE	$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
						MED EXP (Any one person)	$10,000
						PERSONAL & ADV INJURY	$1,000,000
						GENERAL AGGREGATE	$2,000,000
						PRODUCTS - COMP/OP AGG	$2,000,000
						SIR/Deductible	$250,000
A		AUTOMOBILE LIABILITY [X] ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON OWNED AUTOS	BAP292347209	06/30/2008	06/30/2009	COMBINED SINGLE LIMIT (Ea accident)	$2,000,000
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY: EA ACC	
						AGG	
B		EXCESS / UMBRELLA LIABILITY [X] OCCUR [ ] CLAIMS MADE [ ] DEDUCTIBLE [X] RETENTION $10,000	QK09001755	06/30/2008	06/30/2009	EACH OCCURRENCE	$25,000,000
						AGGREGATE	$25,000,000
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] If yes, describe under SPECIAL PROVISIONS below	WC298395009	06/30/2008	06/30/2009	[X] WC STATU-TORY LIMITS [ ] OTH-ER	
						E.L. EACH ACCIDENT	$1,000,000
						E.L. DISEASE-EA EMPLOYEE	$1,000,000
						E.L. DISEASE-POLICY LIMIT	$1,000,000
C		OTHER Misc E&O Cvg	945557033	11/01/2008	11/01/2009	Professional Liabili	$25,000,000
						Deductible	$500,000
						Prof Liab Agg - All	$25,000,000

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

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq.
844 King Street, Room 2207
Lockbox #35
Wilmington DE 19899-0035 USA

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE Aon Risk Services Northeast, Inc.

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The ACORD name and logo are registered marks of ACORD

Attachment to ACORD Certificate for R.H. Donnelley Corp.

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

R.H. Donnelley Corp.
1001 Winstead Drive
Attn: Ann Hudock
Cary NC 27513 USA

INSURER
INSURER
INSURER
INSURER
INSURER

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
		AUTOMOBILE LIABILITY					
A			BAP292347209	06/30/2008	06/30/2009	Deductible	$250,000
		OTHER					
C		Misc E&O Cvg	945557033	11/01/2008	11/01/2009	Deductible	$500,000
		WORKERS COMPENSATION					
		[X] Deductible: $250,00					

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

Certificate No : 570034924583

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2009

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

PHONE (866) 283-7122 FAX (847) 953-5390

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INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Zurich American Ins Co	16535
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
R.H. Donnelley Corp.
1001 Winstead Drive
Attn: Ann Hudock
Cary NC 27513 USA

Holder Identifier :

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 POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR ☐ ☐ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC				EACH OCCURRENCE	
						DAMAGE TO RENTED PREMISES (Ea occurrence)	
						MED EXP (Any one person)	
						PERSONAL & ADV INJURY	
						GENERAL AGGREGATE	
						PRODUCTS - COMP/OP AGG	
		AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON OWNED AUTOS ☐ ☐				COMBINED SINGLE LIMIT (Ea accident)	
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY ☐ ANY AUTO ☐ ☐				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY : EA ACC	
						AGG	
A		EXCESS / UMBRELLA LIABILITY ☒ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION	AEC937526905	06/30/2008	06/30/2009	EACH OCCURRENCE	$25,000,000
						AGGREGATE	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS ☐ OTH-ER	
						E.L. EACH ACCIDENT	
						E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
		OTHER					

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

Certificate No : 570034904279

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq.
844 King Street, Room 2207
Lockbox #35
Wilmington DE 19899-0035 USA

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE Aon Risk Services Northeast, Inc.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2009

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

PHONE (866) 283-7122 FAX (847) 953-5390

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Great American Insurance Co.	16691
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
R.H. Donnelley Corp.
1001 Winstead Drive
Attn: Ann Hudock
Cary NC 27513 USA

Holder Identifier :

Certificate No : 570034904304

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 POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	
		☐ COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	
		☐ 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				COMBINED SINGLE LIMIT (Ea accident)	
		☐ ANY AUTO				BODILY INJURY (Per person)	
		☐ ALL OWNED AUTOS				BODILY INJURY (Per accident)	
		☐ SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	
		☐ HIRED AUTOS					
		☐ NON OWNED AUTOS					
		☐ _____					
		☐ _____					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
		☐ ANY AUTO				OTHER THAN AUTO ONLY : EA ACC	
		☐				AGG	
A		EXCESS / UMBRELLA LIABILITY	TUE357979505	06/30/2008	06/30/2009	EACH OCCURRENCE	$25,000,000
		☒ OCCUR ☐ CLAIMS MADE				AGGREGATE	
		☐ DEDUCTIBLE					
		☐ RETENTION					
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				WC STATU-TORY LIMITS ☐ OTH-ER	
		ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)				E.L. EACH ACCIDENT	
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
		OTHER					

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

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq.
844 King Street, Room 2207
Lockbox #35
Wilmington DE 19899-0035 USA

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE Aon Risk Services Northeast Inc.

ACORD 25 (2009/01)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2009

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

PHONE-(866) 283-7122 FAX-(847) 953-5390

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INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Federal Insurance Company	20281
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
R.H. Donnelley Corp.
1001 Winstead Drive
Attn: Ann Hudock
Cary NC 27513 USA

Holder Identifier :

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 POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR ☐ _____ ☐ _____ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC				EACH OCCURRENCE	
						DAMAGE TO RENTED PREMISES (Ea occurrence)	
						MED EXP (Any one person)	
						PERSONAL & ADV INJURY	
						GENERAL AGGREGATE	
						PRODUCTS - COMP/OP AGG	
		AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON OWNED AUTOS ☐ _____ ☐ _____				COMBINED SINGLE LIMIT (Ea accident)	
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY ☐ ANY AUTO ☐				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY : EA ACC	
						AGG	
A		EXCESS / UMBRELLA LIABILITY ☒ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION	79766828	06/30/2008	06/30/2009	EACH OCCURRENCE	$25,000,000
						AGGREGATE	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS ☐ OTH-ER	
						E.L. EACH ACCIDENT	
						E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
		OTHER					

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

Certificate No : 570034904322

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq.
844 King Street, Room 2207
Lockbox #35
Wilmington DE 19899-0035 USA

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2009

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

PHONE (866) 283-7122 FAX (847) 953-5390

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: American Casualty Co. of Reading PA	20427
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
R.H. Donnelley Corp.
1001 Winstead Drive
Attn: Ann Hudock
Cary NC 27513 USA

Holder Identifier :

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 POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	
		☐ COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	
		☐ CLAIMS MADE ☐ OCCUR				MED EXP (Any one person)	
						PERSONAL & ADV INJURY	
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	
		☐ POLICY ☐ PRO-JECT ☐ LOC				PRODUCTS - COMP/OP AGG	
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	
		☐ ANY AUTO				BODILY INJURY (Per person)	
		☐ ALL OWNED AUTOS				BODILY INJURY (Per accident)	
		☐ SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	
		☐ HIRED AUTOS					
		☐ NON OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
		☐ ANY AUTO				OTHER THAN AUTO ONLY : EA ACC	
						AGG	
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	
		☐ OCCUR ☐ CLAIMS MADE				AGGREGATE	
		☐ DEDUCTIBLE					
		☐ RETENTION					
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				WC STATU-TORY LIMITS / OTH-ER	
		ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)				E.L. EACH ACCIDENT	
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
A		OTHER D&O- Excess	169743771	11/01/2008	11/01/2009	Limit of Liability-E Limit of Liability -	$10,000,000 $10,000,000

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

Certificate No : 570034904414

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq.
844 King Street, Room 2207
Lockbox #35
Wilmington DE 19899-0035 USA

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2009

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

PHONE (866) 283-7122 FAX (847) 953-5390

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INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: AXIS Insurance Company	37273
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
R.H. Donnelley Corp.
1001 Winstead Drive
Attn: Ann Hudock
Cary NC 27513 USA

Holder Identifier :

Certificate No : 570034904427

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 POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR ☐ _____ ☐ _____ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC				EACH OCCURRENCE	
						DAMAGE TO RENTED PREMISES (Ea occurrence)	
						MED EXP (Any one person)	
						PERSONAL & ADV INJURY	
						GENERAL AGGREGATE	
						PRODUCTS - COMP/OP AGG	
		AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON OWNED AUTOS ☐ _____ ☐				COMBINED SINGLE LIMIT (Ea accident)	
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY ☐ ANY AUTO ☐				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY : EA ACC	
						AGG	
		EXCESS / UMBRELLA LIABILITY ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION				EACH OCCURRENCE	
						AGGREGATE	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS ☐ OTH-ER	
						E.L. EACH ACCIDENT	
						E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
A		OTHER D&O- Excess	MNN710439012008	11/01/2008	11/01/2009	Limit of Liability - E	$10,000,000
						Limit of Liability -	$10,000,000

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

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq.
844 King Street, Room 2207
Lockbox #35
Wilmington DE 19899-0035 USA

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE Aon Risk Services Northeast Inc.

ACORD 25 (2009/01)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2009

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

PHONE (866) 283-7122 FAX (847) 953-5390

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: National Union Fire Ins Co of Pittsburgh	19445
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
R.H. Donnelley Corp.
1001 Winstead Drive
Attn: Ann Hudock
Cary NC 27513 USA

Holder Identifier :

Certificate No : 570034904433

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 POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	
		☐ COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	
		☐ 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				COMBINED SINGLE LIMIT (Ea accident)	
		☐ ANY AUTO				BODILY INJURY (Per person)	
		☐ ALL OWNED AUTOS				BODILY INJURY (Per accident)	
		☐ SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	
		☐ HIRED AUTOS					
		☐ NON OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
		☐ ANY AUTO				OTHER THAN AUTO ONLY : EA ACC	
						AGG	
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	
		☐ OCCUR ☐ CLAIMS MADE				AGGREGATE	
		☐ DEDUCTIBLE					
		☐ RETENTION					
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				WC STATU-TORY LIMITS ☐ OTH-ER	
		ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)				E.L. EACH ACCIDENT	
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
A		OTHER D&O- Excess	945557257	11/01/2008	11/01/2009	Limit of Liability-E	$10,000,000

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

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq.
844 King Street, Room 2207
Lockbox #35
Wilmington DE 19899-0035 USA

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE Aon Risk Services Northeast Inc

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The ACORD name and logo are registered marks of ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2009

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

PHONE (866) 283-7122 FAX (847) 953-5390

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Twin City Fire Insurance Company	29459
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
R.H. Donnelley Corp.
1001 Winstead Drive
Attn: Ann Hudock
Cary NC 27513 USA

Holder Identifier :

Certificate No : 570034918064

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 POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	
		☐ COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	
		☐ CLAIMS MADE ☐ OCCUR				MED EXP (Any one person)	
						PERSONAL & ADV INJURY	
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	
		☐ POLICY ☐ PRO-JECT ☐ LOC				PRODUCTS - COMP/OP AGG	
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	
		☐ ANY AUTO				BODILY INJURY (Per person)	
		☐ ALL OWNED AUTOS				BODILY INJURY (Per accident)	
		☐ SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	
		☐ HIRED AUTOS					
		☐ NON OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
		☐ ANY AUTO				OTHER THAN AUTO ONLY : EA ACC	
						AGG	
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	
		☐ OCCUR ☐ CLAIMS MADE				AGGREGATE	
		☐ DEDUCTIBLE					
		☐ RETENTION					
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				WC STATU-TORY LIMITS ☐ OTH-ER	
		ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)				E.L. EACH ACCIDENT	
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
A		OTHER	00DA022310008	11/01/2008	11/01/2009	Limit of Liability-E	$10,000,000
		D&O- Excess				Limit of Liability -	$10,000,000

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

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq.
844 King Street, Room 2207
Lockbox #35
Wilmington DE 19899-0035 USA

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE Aon Risk Services Northeast Inc

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2009

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

PHONE (866) 283-7122 FAX (847) 953-5390

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INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: U.S. Specialty Insurance Co	29599
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
R.H. Donnelley Corp.
1001 Winstead Drive
Attn: Ann Hudock
Cary NC 27513 USA

Holder Identifier :

Certificate No : 570034904441

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 POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	
		☐ COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	
		☐ 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				COMBINED SINGLE LIMIT (Ea accident)	
		☐ ANY AUTO				BODILY INJURY (Per person)	
		☐ ALL OWNED AUTOS				BODILY INJURY (Per accident)	
		☐ SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	
		☐ HIRED AUTOS					
		☐ NON OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
		☐ ANY AUTO				OTHER THAN AUTO ONLY : EA ACC	
						AGG	
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	
		☐ OCCUR ☐ CLAIMS MADE				AGGREGATE	
		☐ DEDUCTIBLE					
		☐ RETENTION					
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				WC STATU-TORY LIMITS ☐ OTH-ER	
		ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)				E.L. EACH ACCIDENT	
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
A		OTHER D&O- Excess	24MGU08A17850	11/01/2008	11/01/2009	Limit of Liability-E Limit of Liability -	$10,000,000 $10,000,000

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

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq.
844 King Street, Room 2207
Lockbox #35
Wilmington DE 19899-0035 USA

CANCELLATION

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AUTHORIZED REPRESENTATIVE Aon Risk Services Northeast Inc

ACORD 25 (2009/01)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2009

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

PHONE (866) 283-7122 FAX (847) 953-5390

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Liberty Mutual Insurance Co.	23043
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
R.H. Donnelley Corp.
1001 Winstead Drive
Attn: Ann Hudock
Cary NC 27513 USA

Holder Identifier :

Certificate No : 570034904450

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 POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	
		☐ COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	
		☐ CLAIMS MADE ☐ OCCUR				MED EXP (Any one person)	
						PERSONAL & ADV INJURY	
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	
		☐ POLICY ☐ PRO-JECT ☐ LOC				PRODUCTS - COMP/OP AGG	
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	
		☐ ANY AUTO				BODILY INJURY (Per person)	
		☐ ALL OWNED AUTOS				BODILY INJURY (Per accident)	
		☐ SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	
		☐ HIRED AUTOS					
		☐ NON OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
		☐ ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	
						AGG	
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	
		☐ OCCUR ☐ CLAIMS MADE				AGGREGATE	
		☐ DEDUCTIBLE					
		☐ RETENTION					
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				WC STATU-TORY LIMITS ☐ OTH-ER	
		ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)				E.L. EACH ACCIDENT	
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
A		OTHER	D04N724360001	11/01/2008	11/01/2009	Limit of Liability-E	$10,000,000
		D&O - Excess				Limit of Liability -	$10,000,000

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

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq.
844 King Street, Room 2207
Lockbox #35
Wilmington DE 19899-0035 USA

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE Aon Risk Services Inc

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The ACORD name and logo are registered marks of ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2009

PRODUCER	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.
Aon Risk Services Northeast, Inc. New York NY Office 199 Water Street New York NY 10038-3551 USA PHONE-(866) 283-7122 FAX-(847) 953-5390	INSURERS AFFORDING COVERAGE — NAIC #
INSURED R.H. Donnelley Corp. 1001 Winstead Drive Attn: Ann Hudock Cary NC 27513 USA	INSURER A: National Union Fire Ins Co of Pittsburgh — 19445 INSURER B: INSURER C: INSURER D: INSURER E:

Holder Identifier :

SIR applies per terms and conditions of the policy

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 POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC				EACH OCCURRENCE	
						DAMAGE TO RENTED PREMISES (Ea occurrence)	
						MED EXP (Any one person)	
						PERSONAL & ADV INJURY	
						GENERAL AGGREGATE	
						PRODUCTS - COMP/OP AGG	
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY: EA ACC	
						AGG	
		EXCESS / UMBRELLA LIABILITY ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION				EACH OCCURRENCE	
						AGGREGATE	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS / OTH-ER	
						E.L. EACH ACCIDENT	
						E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
A		OTHER D&O- Primary	945557243	11/01/2008	11/01/2009	D&O limit each loss	$15,000,000
						Deductible	$2,500,000

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

Certificate No : 570034917887

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq.
844 King Street, Room 2207
Lockbox #35
Wilmington DE 19899-0035 USA

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2009/01)
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2009

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

PHONE (866) 283-7122 FAX (847) 953-5390

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INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Federal Insurance Company	20281
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
R.H. Donnelley Corp.
1001 Winstead Drive
Attn: Ann Hudock
Cary NC 27513 USA

Holder Identifier :

Certificate No : 570034927047

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 POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC				EACH OCCURRENCE	
						DAMAGE TO RENTED PREMISES (Ea occurrence)	
						MED EXP (Any one person)	
						PERSONAL & ADV INJURY	
						GENERAL AGGREGATE	
						PRODUCTS - COMP/OP AGG	
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY : EA ACC	
						AGG	
		EXCESS / UMBRELLA LIABILITY OCCUR ☐ CLAIMS MADE DEDUCTIBLE RETENTION				EACH OCCURRENCE	
						AGGREGATE	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS ☐ OTH-ER	
						E.L. EACH ACCIDENT	
						E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
A		OTHER D&O- Excess	81975838	11/01/2008	11/01/2009	Limit of Liability-E	$15,000,000
						Limit of Liability -	$15,000,000

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

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq.
844 King Street, Room 2207
Lockbox #35
Wilmington DE 19899-0035 USA

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE Aon Risk Services Northeast Inc.

ACORD 25 (2009/01)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2009

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

PHONE (866) 283-7122 FAX (847) 953-5390

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Beazley Insurance Company, Inc.	37540
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
R.H. Donnelley Corp.
1001 Winstead Drive
Attn: Ann Hudock
Cary NC 27513 USA

Holder Identifier :

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 POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY : EA ACC AGG	
		EXCESS / UMBRELLA LIABILITY ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION				EACH OCCURRENCE AGGREGATE	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	
A		OTHER D&O- Excess	V15PGZ08PNDM	11/01/2008	11/01/2009	Limit of Liability-E Limit of Liability -	$10,000,000 $10,000,000

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

Certificate No : 570034904463

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq.
844 King Street, Room 2207
Lockbox #35
Wilmington DE 19899-0035 USA

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE Aon Risk Services Northeast Inc.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2009

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

PHONE (866) 283-7122 FAX (847) 953-5390

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: St. Paul Mercury Ins Co	24791
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
R.H. Donnelley Corp.
1001 Winstead Drive
Attn: Ann Hudock
Cary NC 27513 USA

Holder Identifier :

Certificate No : 570034904480

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 POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	
		☐ COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	
		☐ CLAIMS MADE ☐ OCCUR				MED EXP (Any one person)	
						PERSONAL & ADV INJURY	
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	
		☐ POLICY ☐ PRO-JECT ☐ LOC				PRODUCTS - COMP/OP AGG	
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	
		☐ ANY AUTO				BODILY INJURY (Per person)	
		☐ ALL OWNED AUTOS				BODILY INJURY (Per accident)	
		☐ SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	
		☐ HIRED AUTOS					
		☐ NON OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
		☐ ANY AUTO				OTHER THAN AUTO ONLY : EA ACC	
						AGG	
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	
		☐ OCCUR ☐ CLAIMS MADE				AGGREGATE	
		☐ DEDUCTIBLE					
		☐ RETENTION					
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ☐				WC STATU-TORY LIMITS / OTH-ER	
		ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT	
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
A		OTHER D&O- Excess	EC09002056	11/01/2008	11/01/2009	Limit of Liability-E Limit of Liability -	$10,000,000 $10,000,000

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

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq.
844 King Street, Room 2207
Lockbox #35
Wilmington DE 19899-0035 USA

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE Aon Risk Services Northeast Inc.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2009

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

PHONE-(866) 283-7122 FAX-(847) 953-5390

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INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: AXIS Insurance Company	37273
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
R.H. Donnelley Corp.
1001 Winstead Drive
Attn: Ann Hudock
Cary NC 27513 USA

Holder Identifier :

Certificate No : 570034904492

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 POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY : EA ACC AGG	
		EXCESS / UMBRELLA LIABILITY ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION				EACH OCCURRENCE AGGREGATE	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N ☐ If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	
A		OTHER D&O- Excess	MNN743957012008	11/01/2008	11/01/2009	Limit of Liability-E Limit of Liability -	$5,000,000 $5,000,000

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

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq.
844 King Street, Room 2207
Lockbox #35
Wilmington DE 19899-0035 USA

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2009

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

PHONE-(866) 283-7122 FAX-(847) 953-5390

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INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: St. Paul Mercury Ins Co	24791
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
R.H. Donnelley Corp.
1001 Winstead Drive
Attn: Ann Hudock
Cary NC 27513 USA

Holder Identifier :

COVERAGES SIR applies per terms and conditions of the policy

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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		GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC				EACH OCCURRENCE	
						DAMAGE TO RENTED PREMISES (Ea occurrence)	
						MED EXP (Any one person)	
						PERSONAL & ADV INJURY	
						GENERAL AGGREGATE	
						PRODUCTS - COMP/OP AGG	
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY: EA ACC	
						AGG	
		EXCESS / UMBRELLA LIABILITY ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION				EACH OCCURRENCE	
						AGGREGATE	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS / OTH-ER	
						E.L. EACH ACCIDENT	
						E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
A		OTHER Fiduciary Liab	EC09002057	11/01/2008	11/01/2009	Deductible Fiduciary Liability	$250,000 $10,000,000

Certificate No : 570034908829

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

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq.
844 King Street, Room 2207
Lockbox #35
Wilmington DE 19899-0035 USA

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE Aon Risk Services Northeast Inc

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2009

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

PHONE-(866) 283-7122 FAX-(847) 953-5390

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INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: National Union Fire Ins Co of Pittsburgh	19445
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
R.H. Donnelley Corp.
1001 Winstead Drive
Attn: Ann Hudock
Cary NC 27513 USA

Holder Identifier :

Certificate No : 570034909776

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 POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	
		☐ COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	
		☐ 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				COMBINED SINGLE LIMIT (Ea accident)	
		☐ ANY AUTO				BODILY INJURY (Per person)	
		☐ ALL OWNED AUTOS				BODILY INJURY (Per accident)	
		☐ SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	
		☐ HIRED AUTOS					
		☐ NON OWNED AUTOS					
		☐ _____					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
		☐ ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	
						AGG	
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	
		☐ OCCUR ☐ CLAIMS MADE				AGGREGATE	
		☐ DEDUCTIBLE					
		☐ RETENTION					
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				WC STATU-TORY LIMITS / OTH-ER	
		ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)				E.L. EACH ACCIDENT	
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
A		OTHER FX Fiduciary	945557253	11/01/2008	11/01/2009	Fiduciary Limit	$10,000,000

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

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq.
844 King Street, Room 2207
Lockbox #35
Wilmington DE 19899-0035 USA

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE Aon Risk Services Northeast Inc.

ACORD 25 (2009/01)

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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/09/2009

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

PHONE-(866) 283-7122 FAX-(847) 953-5390

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INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: National Union Fire Ins Co of Pittsburgh	19445
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
R.H. Donnelley Corp.
1001 Winstead Drive
Attn: Ann Hudock
Cary NC 27513 USA

Holder Identifier :

Certificate No : 57003490976

COVERAGES

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LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	
		☐ COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	
		☐ 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				COMBINED SINGLE LIMIT (Ea accident)	
		☐ ANY AUTO				BODILY INJURY (Per person)	
		☐ ALL OWNED AUTOS				BODILY INJURY (Per accident)	
		☐ SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	
		☐ HIRED AUTOS					
		☐ NON OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
		☐ ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	
						AGG	
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	
		☐ OCCUR ☐ CLAIMS MADE				AGGREGATE	
		☐ DEDUCTIBLE					
		☐ RETENTION					
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				WC STATU-TORY LIMITS ☐ OTH-ER	
		ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT	
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
A		OTHER EX Fiduciary	945557253	11/01/2008	11/01/2009	Fiduciary Limit	$10,000,000

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

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq.
844 King Street, Room 2207
Lockbox #35
Wilmington DE 19899-0035 USA

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE Aon Risk Services Northeast Inc.

ACORD 25 (2009/01)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2009

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

PHONE-(866) 283-7122 FAX-(847) 953-5390

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INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: National Union Fire Ins Co of Pittsburgh	19445
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
R.H. Donnelley Corp.
1001 Winstead Drive
Attn: Ann Hudock
Cary NC 27513 USA

Holder Identifier :

Certificate No : 570034910716

COVERAGES

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INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC				EACH OCCURRENCE	
						DAMAGE TO RENTED PREMISES (Ea occurrence)	
						MED EXP (Any one person)	
						PERSONAL & ADV INJURY	
						GENERAL AGGREGATE	
						PRODUCTS - COMP/OP AGG	
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY : EA ACC	
						AGG	
		EXCESS / UMBRELLA LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION				EACH OCCURRENCE	
						AGGREGATE	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS / OTH-ER	
						E.L. EACH ACCIDENT	
						E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
A		OTHER Emplymnt Practc	945557248	11/01/2008	11/01/2009	Limit per Occurrence	$10,000,000

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

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq.
844 King Street, Room 2207
Lockbox #35
Wilmington DE 19899-0035 USA

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE Aon Risk Services Northeast Inc.

ACORD 25 (2009/01)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2009

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

PHONE-(866) 283-7122 FAX-(847) 953-5390

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: American International Specialty Lines	26883
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
R.H. Donnelley Corp.
1001 Winstead Drive
Attn: Ann Hudock
Cary NC 27513 USA

Holder Identifier :

COVERAGES

SIR applies per terms and conditions of the policy

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	
		☐ COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	
		☐ 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				COMBINED SINGLE LIMIT (Ea accident)	
		☐ ANY AUTO				BODILY INJURY (Per person)	
		☐ ALL OWNED AUTOS				BODILY INJURY (Per accident)	
		☐ SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	
		☐ HIRED AUTOS					
		☐ NON OWNED AUTOS					
		☐ _____					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
		☐ ANY AUTO				OTHER THAN AUTO ONLY : EA ACC	
						AGG	
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	
		☐ OCCUR ☐ CLAIMS MADE				AGGREGATE	
		☐ DEDUCTIBLE					
		☐ RETENTION					
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ☐				WC STATU-TORY LIMITS / OTH-ER	
		ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT	
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
A		OTHER	945557033	11/01/2008	11/01/2009	Professional Liabili	$25,000,000
		Misc E&O Cvg				Deductible	$500,000
						Prof Liab Agg - All	$25,000,000

Certificate No : 570034904345

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

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq.
844 King Street, Room 2207
Lockbox #35
Wilmington DE 19899-0035 USA

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE Aon Risk Services Northeast Inc.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2009

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

PHONE (866) 283-7122 FAX (847) 953-5390

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: StarNet Insurance Company	40045
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
R.H. Donnelley Corp.
1001 Winstead Drive
Attn: Ann Hudock
Cary NC 27513 USA

Holder Identifier :

Certificate No : 570034911423

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 POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	
		☐ COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	
		☐ CLAIMS MADE ☐ OCCUR				MED EXP (Any one person)	
						PERSONAL & ADV INJURY	
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	
		☐ POLICY ☐ PRO-JECT ☐ LOC				PRODUCTS - COMP/OP AGG	
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	
		☐ ANY AUTO				BODILY INJURY (Per person)	
		☐ ALL OWNED AUTOS				BODILY INJURY (Per accident)	
		☐ SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	
		☐ HIRED AUTOS					
		☐ NON OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
		☐ ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	
						AGG	
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	
		☐ OCCUR ☐ CLAIMS MADE				AGGREGATE	
		☐ DEDUCTIBLE					
		☐ RETENTION					
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				WC STATU-TORY LIMITS ☐ OTH-ER	
		ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)				E.L. EACH ACCIDENT	
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
A		OTHER	BA08N1264S	10/25/2008	10/25/2009	Combined Single Limi	$25,000,000
		Air Non-owner				Passenger BI - ea oc	$25,000,000
						Medical Payments - e	$5,000

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

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq.
844 King Street, Room 2207
Lockbox #35
Wilmington DE 19899-0035 USA

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE Aon Risk Services Northeast, Inc.

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ACORD™ CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YY) 06/09/09

PRODUCER

Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

PHONE (866) 283-7122 FAX (847) 953-5390

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.

INSURED

R.H. Donnelley Corp.
and its subsidiaries
1001 Winstead Drive
Cary NC 27513 USA

COMPANIES AFFORDING COVERAGE

COMPANY A	Great American Insurance Co.
COMPANY B	Zurich American Ins Co
COMPANY C	Federal Insurance Company
COMPANY D	

Holder Identifier :

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)	COVERED PROPERTY	LIMITS
C	[X] PROPERTY CAUSES OF LOSS [ ] BASIC [ ] BROAD [X] SPECIAL [ ] EARTHQUAKE [ ] FLOOD	6632780	11/30/08	11/30/09	[ ] BUILDING [ ] PERSONAL PROPERTY [ ] BUSINESS INCOME w/o Extra Expense [ ] EXTRA EXPENSE [ ] BLANKET BUILDING [ ] BLANKET PERS PROP [X] BLANKET BLDG & PP [X] Deductible	 $100,000,000 $100,000
	[ ] INLAND MARINE TYPE OF POLICY CAUSES OF LOSS [ ] NAMED PERILS [ ] OTHER					
B	[X] CRIME TYPE OF POLICY Crime Coverage	FID594255300	11/01/08	11/01/11	[X] Aggregate [X] Deductible	$10,000,000 $250,000
	[ ] BOILER & MACHINERY					
A	[X] OTHER Executive Risk	A07SC2669700	07/01/07	07/01/10	Kidnap/Ransom	$25,000,000

Certificate Number : 570034904268

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY

SPECIAL CONDITIONS / OTHER COVERAGES

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq.
844 King Street, Room 2207
Lockbox #35
Wilmington DE 19899-0035 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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 Aon Risk Services Northeast Inc.

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INSURED

R.H. Donnelley Corp.
and its subsidiaries
1001 Winstead Drive
Cary NC 27513 USA

Addendum

Policy Number: CV0003266/RV0005025

Companies Affording Coverage: Pacific Insurance Company Ltd./ National Fire & Marine Ins Co

Effective: 11/30/2008

Expiration: 11/30/2009

Description of Coverage: Excess CA EQ

Limits: $5,000,000

Certificate Number : 570034904268

acord CERTIFICATE OF LIABILITY INSURANCE

ISSUE DATE (MM/DD/YY)
06/09/2009

PRODUCER

Aon (Bermuda) Ltd.
Cumberland House
1 Victoria Street
Hamilton, HM 11Bermuda

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

INSURER A: Allied World Assurance Company Ltd
INSURER B: Corporate Officers and Directors Assurance Ltd
INSURER C: XL Insurance (Bermuda) Ltd

INSURED

R.H. Donnelley Corporation
1001 Winstead Drive
Cary, NC 27513

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 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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCURRENCE ☐ OWNERS & CONTRACTORS PROTECTIVE ☐ ☐				GENERAL AGGREGATE $ PRODUCTS-COMP/OPS AGGREGATE $ PERSONAL & ADVERTISING INJURY $ EACH OCCURRENCE $ FIRE DAMAGE (ANY ONE FIRE) $ MEDICAL EXPENSE (ANY ONE PERSON) $
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS ☐ GARAGE LIABILITY ☐				CSL $ BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE
	EXCESS LIABILITY ☐ OTHER THAN UMBRELLA FORM ☐ UMBRELLA FORM				EACH OCCURRENCE / AGGREGATE
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY $ (EACH ACCIDENT) $ (DISEASE-POLICY LIMIT) $ (DISEASE-EACH EMPLOYEE)
A	D&O Excess D&O - $10M XS $55M	C006376/003	11/01/2008	11/01/2009	$10,000,000
B	Side A / DIC - $15M XS $75M	RHD-1560C	11/01/2008	11/01/2009	$15,000,000
C	Excess Side A / DIC - $10M XS $90M	BM00024017DO08A	11/01/2008	11/01/2009	$10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS:
Coverage evidenced on behalf of

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq
844 King Street, Room 2207
Lockbox #35
Wilmington, DE 19899-0035

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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

Title: Senior Vice President, Aon (Bermuda) Ltd.

Account status

Enter Account ID
97061701
Get Account

Account ID 970,617-01
Business name DEX MEDIA WEST LLC
Account manager AMBER HOLT 360-902-4862

Account is currently **Active** View history dates

Page 1 of 1 << Previous 1 Next >> pag

Active | 02-01-2006 | Inactive

Page 1 of 1 << Previous 1 Next >> pag

Other details regarding this account
- What is my account balance?
- Audits, collections & bankruptcy
- Sub accounts
- Experience transfer history

Account Information on File

UBI	602 286 779
Legal business name	DEX MEDIA WEST LLC
Quarterly report address	C/O RH DONNELLEY 1001 WINSTEAD DR CARY, NC 27513-2117
Foreign country	
Will this account receive claims correspondence?	Yes
Contact name	ANN HUDOCK
Phone number	919-297-1260 Ext
Alternate phone number	
Fax	919-297-1587

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North Dakota
Workforce Safety
& Insurance
Putting Safety to Work

WSI

CERTIFICATE OF PREMIUM PAYMENT
WORKFORCE SAFETY & INSURANCE
EMPLOYER SERVICES
SFN 4920 (04/2007)

1600 EAST CENTURY AVENUE, SUITE 1
PO BOX 5585
BISMARCK ND 58506-5585
Telephone 1-800-777-5033
Toll Free Fax 1-888-786-8695
TTY (hearing impaired) 1-800-366-6888
Fraud and Safety Hotline 1-800-243-3331
www.WorkforceSafety.com

ANN HUDOCK
DEX MEDIA SERVICE LLC
1001 WINSTEAD DR
CARY NC 27513-

Employer Account Number: 1280239

Issued Date: 10/09/2008

Expiration Date: 12/14/2009

CERTIFICATE OF PREMIUM PAYMENT

This is to certify that North Dakota Workers Compensation coverage is effective for the employer named on this certificate. Employees of the named employer are entitled to apply for the rights and benefits of Workforce Safety and Insurance.

Coverage under this certificate extends to North Dakota based employers for their North Dakota exposure. Limited coverage extends beyond the physical boundaries of North Dakota. Contact the Policyholder Services Department of Workforce Safety and Insurance at 1-800-777-5033 for further information on coverage issues or to inquire into the status of the holder of this certificate.

North Dakota Century Code § 65-04-04 requires that each employer post this Certificate of Premium Payment in a conspicuous manner at the workplace. A penalty of $250 may apply for failure to comply with this requirement.

A certificate of premium payment may be revoked for failure to make required premium payments.

Barry Schumacher

Barry Schumacher
Chief Of Employer Services

Class	Classification Description
8747 8805	Professional/Business Reps Clerical Office Employees

OhioBWC - Common - Service: (Employer/MCO look-up) - Details

Employer information

Employer: BUSINESS.COM
Employer type: PRIVATE EMPLOYER
Policy number: 1554784-0
Policy status: ACTIVE
DBA:
Address: 2120 COLORADO AVE
City: SANTA MONICA
State: CA
ZIP code: 90404

MCO information

MCO name: MEDICAL ADMINISTRATORS, INC.
MCO number: 10011
Address: 28301 RANNEY PKWY
City: CLEVELAND
State: OH
ZIP code: 44145
Phone number: (800) 542-9479

search again

KANSAS SECRETARY OF STATE
Notary Public Appointment Form

NO
62

A. Notary Surety Bond

DUPLICATE

Bond No: 70445394N

Know All Persons By These Presents: That we,

(1) WESTERN SURETY COMPANY
Name of surety

101 South Phillips Avenue
Home street address

Sioux Falls, South Dakota 57104-6703
City State Zip

(1) _____
Name of surety

_____
Home street address

_____
City State Zip

as sureties, having unimpaired legal capacity to enter into a binding contract, or authorized as an insurer by the state of Kansas, are held and firmly bound to the state of Kansas in the sum of seven thousand five hundred dollars ($7,500), for the payment of which we bind ourselves, our heirs, executors and administrators. The condition of the obligation is that whereas the following named principal

(2) Charlotte Elizabeth Flick
Applicant, did apply for appointment;

as a Notary Public in and for the state of Kansas, for a term of four years, unless sooner removed from the date appointment is made by the secretary of state of the state of Kansas, which date will be recorded upon this bond by the Office of the Secretary of State. If the above-named principal shall faithfully perform the duties of said office according to law, then this obligation shall be void, otherwise it will remain in full force and effect.

Do not write in this space

(3) _____ 01/30/2008
Surety Date

_____ _____
Surety Date

B. Notary Information

(5) _____
Applicant's daytime phone number

(4) Give expiration date of Applicant's last Kansas appointment:

_____ _____, _____
Month Day Year

(6) Affix an impression of applicant's seal

C. Oath

(7) State of _____
County of _____ } ss

(8) I do solemnly swear that I, _____, residing at
Applicant

(9) _____ _____ _____ _____, am a
Residential mailing address City State Zip

resident of the state of Kansas, or a resident of a bordering state who regularly carries on a business or profession or is regularly employed in the state of Kansas; that I am over the age of 18 years and am able to read and write the English language; that I will support the Constitutions of the United States and the state of Kansas; that I have not been convicted of a felony or had a professional license revoked; and that I will faithfully discharge the duties of the office of Notary Public according to the law. So help me God.

(10) _____
Applicant's Signature

(11) Subscribed and sworn to before me this _____ day of _____, _____.
Month Year

(12) My appointment expires: _____ _____, _____
Month Day Year

(13) _____
Notary's Signature (SEAL)

Contact Information
Kansas Secretary of State
Ron Thornburgh
Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594
(785) 296-2239
kssos@kssos.org
www.kssos.org

Instructions

1. Section A. Sureties

The law requires a notary public to be bonded in the sum of $7,500 for a four (4) year period automatically coinciding with the appointment. You may be bonded by either: 1. Purchasing a commercial surety bond from an insurance company licensed to do business in Kansas. 2. Obtaining the signatures of two individuals who agree to act as personal sureties in your behalf (e.g., relatives, friends or co-workers).

Line 1 should have the name and complete address of the applicant's insurance company. If personal sureties are used, they should complete this section with their names and *residential* addresses.

Line 2 should be completed with the applicant's name. (Name should read *exactly* as it appears on the stamp.)

Line 3 should have the signature of the Attorney in Fact from the insurance company and also the date he/she signed the bond. An insurance company must affix a corporate seal or attach its Power of Attorney. If personal sureties are used, they should sign and date in the space provided.

2. Section B. Oath

Line 4 should contain the expiration date of the applicant's last appointment if he/she is currently a Kansas notary public or has ever been a Kansas notary public.

Line 5 should contain the applicant's daytime phone number.

Line 6 should contain an impression of the notary stamp which the applicant will be using. If the applicant chooses to use more than one stamp, an impression of each must appear in the space provided. The applicant may either use a "seal press" (impression seal) with the impression to be blackened, or a rubber stamp to be used with permanent ink. The seal must include the applicant's name and the words "Notary Public" and "state of Kansas." "My appt. exp. _____ " also may be included. Although you must obtain your seal or stamp before completing the application process, you will *not* be authorized to notarize documents until you receive your certificate of appointment from the secretary of state.

Line 7 should be completed by the notary who notarizes the applicant's signature. This refers to the state and county in which the notarization actually takes place.

Line 8 should contain the name of the applicant. (Name should read *exactly* as it appears on the stamp.)

Line 9 should contain the *residential* address of the applicant. No post office boxes will be accepted.

Line 10 should contain the signature of the applicant who is notarized by another notary public. (Name should read *exactly* as it appears on the stamp.)

Line 11 should contain the date the oath was administered.

Line 12 should contain the expiration date of the notary public administering oath.

Line 13 should contain the signature of the notary who notarizes the applicant's signature. The notary's seal also must appear in the space provided to the right of his/her signature.

3. Notary Filing Fee

Attach your check of $25 for filing the notary appointment form, made payable to the secretary of state.

Notice: There is a $25 service fee for all returned checks.

Kansas

Western Surety Company

NOTARY PUBLIC ERRORS AND OMISSIONS POLICY

Policy No. 70452240N01
Premium: $65.00

WESTERN SURETY COMPANY will pay on behalf of

Kristal P. Jackson (the "Insured")

of 13331 Bluejacket #3, Overland Park, KS 66213 (Address), all sums which the Insured shall become obligated to pay by reason of liability for breach of duty while acting as a duly commissioned and sworn Notary Public, claim for which is made against the Insured by reason of any negligent act, error or omission committed or alleged to have been committed by the Insured, arising out of the performance of notarial service for others in the Insured's capacity as a duly commissioned and sworn Notary Public.

POLICY PERIOD: This policy applies only to negligent acts, errors or omissions which occur during the policy period and then only if claim, suit or other action arising therefrom is commenced during the policy period or within the applicable Statute of Limitations pertaining to the Insured.

The Policy Period ends January 15, 2012.

LIMITS OF LIABILITY INCLUDING DEFENSE COSTS: The total liability of the Company for all loss (defined below) for all claims under this insurance including defense costs (defined below) shall not exceed the amount of

TEN THOUSAND AND NO/100 DOLLARS ($ 10,000.00).

This limit shall apply in the aggregate so that the Company's total liability for all claims and/or defense costs shall in no event exceed this amount.

DEFENSE SETTLEMENT: With respect to such insurance as is afforded by this policy, the Company shall, provided the policy limit has not been exhausted, defend, in the Insured's name and behalf, any claim or suit against the Insured alleging such negligent act, error or omission and seeking damages on account thereof, even if such claim or suit is groundless, false, or fraudulent. The Company, in the Insured's name and behalf, shall have the right to make such investigation, negotiation and settlement of any claim or suit as it may deem expedient.

DEFINITIONS: Wherever used in this policy, these words shall have the following meanings:

(a) "Defense costs" shall mean any and all: (1) expenses, including attorneys' or investigators' fees, paid or incurred by the Company in the investigation, settlement or defense of claims or suits; (2) costs taxed against the Insured in a suit defended by the Company; (3) premiums for bonds required in a suit defended by the Company, which bonds the Company shall have no obligation to furnish, but only for bonds up to the Company's limit of liability; (4) interest on a judgment as required by law until the Company offers the amount due under this insurance; and (5) reasonable expenses incurred by the Insured at the Company's request, other than loss of earnings.

(b) Subject to all of the Exclusions of this policy (stated below), "loss" shall mean the total of: (1) sums the Insured legally must pay as direct compensatory damages because of claims covered by this insurance; (2) sums the Company agrees to pay in settlement of such claims, whether or not the Insured's legal liability has been determined; and (3) "defense costs" as defined above.

EXCLUSIONS: Coverage under this policy does not apply to any (i) dishonest, fraudulent, criminal, libelous, slanderous or malicious act or omission of the Insured; (ii) willful or intentional disregard of the law; (iii) bodily injury to, or sickness, disease or death of any person, including but not limited to, emotional or mental distress and related conditions; (iv) injury to or destruction of any tangible property, including the loss of use thereof; (v) fines or penalties imposed by law on the Insured; (vi) punitive, treble, exemplary or similarly categorized damages, including fines and penalties; or (vii) performance of notarial service for any business which the Insured owns, is a partner of, manages or controls.

THIS POLICY NOT VALID IF PREMIUM NOT PAID WITHIN 30 DAYS OF EFFECTIVE DATE HEREOF.

TRAVELERS

ERISA COMPLIANCE BOND
F[illegible]on-Union Welfare & Pension Plans

BOND NO. [illegible]

Travelers Casualty and Surety Company of America
(A Stock Insurance Company, herein called the Company)

In return for the payment of the premium, and subject to all the terms of this Policy, we agree with you to provide COVERAGE as stated in this Policy.

ITEM 1. Name/Address of Insured Plan(s) Sponsor:
BUSINESS.COM, INC.
2120 COLORADO AVE., 3RD FL.
SANTA MONICA, CA 90404

ITEM 2. Insured Plan(s): The Insured Plan(s) under this Policy are employee benefit plans subject to the Employee Retirement Income Security Act of 1974, and any amendment thereto, for which the entity identified in ITEM 1. is the Sponsor during the Policy Period.

ITEM 3. Policy Period: From March 1, 2007 to 12:01 AM on the effective date of the cancellation or termination of this Policy.

ITEM 4. Limit of Liability: $400,000.00 per "occurrence".

ITEM 5. Endorsements forming part of this Policy when issued:
F-3606 08-00, F-3603 01-01

ITEM 6. Cancellation of prior insurance: By acceptance of this Policy, you give us notice canceling prior insurance or Bond numbers the cancellation to be effective at the time this Policy becomes effective.

ITEM 7 Premium: $436.00

COUNTERSIGNED (if required):

Various provisions in this Policy restrict coverage. Read the entire Policy carefully to determine rights, duties and what is or is not covered. Throughout this Policy the words "you" and "your" refer to the Insured Plan(s) shown in Item 2. The words "we," "us" and "our" refer to the Company providing this Policy. Words and phrases in quotation marks are defined in the Policy.

A. COVERAGE

We will pay only for loss of "property" sustained by you resulting directly from dishonest or fraudulent acts committed by an "employee" acting alone or in collusion with others. Such dishonest or fraudulent acts must be committed by the "employee" with the manifest intent:

1. to cause you to sustain such loss; and
2. to obtain financial benefit (other than employee benefits earned in the normal course of employment, including: salaries, commissions, fees, bonuses, promotions, awards, profit sharing or pensions) for the "employee" or another person or entity.

Subject to the Loss Sustained During Prior Insurance condition, we will pay only for that loss you sustain through acts committed during the Policy Period identified in Item 3. and discovered no later than one year from the end of the Policy Period.

B. LIMIT OF LIABILITY

The most we will pay for loss in any one "occurrence" is the applicable Limit of Liability shown in Item 4.

If, at the inception date of this Policy the Limit of Liability for the Insured Plan(s) is equal to or greater than that required under the Employee Retirement Income Security Act (ERISA), then we agree to automatically increase that Limit of Liability to equal the amount required under ERISA at the beginning of the Insured Plan's fiscal year or $500,000.00 (Five Hundred Thousand), whichever is less.

C. GENERAL DEFINITIONS

1. "Employee" means any natural person who is:
   a. A trustee, an officer, employee, administrator or a manager, except an administrator or a manager who is an independent contractor, of any Employee Welfare or Pension Benefit Plan (hereafter called Insured Plan) covered under this Policy; and
   b. Your director or trustee while that person is handling Funds or other property of any Insured Plan covered under this Policy.
2. "Occurrence" means all loss caused by, or involving, one "employee" or more than one "employee," whether the result of a single act or series of acts.
3. "Property" means your "funds and other property" as this phrase is used in Title 29 Code of Federal Regulations Section 2580.412-4.

D. GENERAL EXCLUSIONS

We will not pay for loss as specified as follows:

1. **Employee Canceled Under Prior Insurance:** Loss caused by an "employee" of yours, or predecessor in interest of yours, for whom simila prior coverage has been canceled and not reinstated since the last sucl cancellation.
2. **Indirect Loss:** Loss that is an indirect result of any act or indirect los including, but not limited to, loss resulting from:
   a. Your inability to realize income that you would have realized ha there been no loss of or loss from damage to "property."
   b. Payment of damages of any type for which you are legally liable But we will pay compensatory damages arising directly from a los covered under this Policy.
   c. Payment of costs, fees, or other expenses you incur in establishin either the existence or the amount of loss under this Policy.
3. **Legal Expenses:** Expenses related to any legal action.

E. GENERAL CONDITIONS

1. **Payment of Premiums:** You will pay to us or our designated agent th premiums due on this Policy in accordance with the premium statemen sent to you by us or our agent. We will return any return premiums due t the Insured Plan(s) in Item 2.
2. **Your Duties in the Event of Loss:** After you discover a loss or situation that may result in loss of "property" you must:
   a. Notify us as soon as possible;
   b. Give us a detailed, sworn proof of loss within 120 days;
   c. Cooperate with us in the investigation and settlement of any claim and
   d. Permit us access to your premises and your books and records.
3. **Joint Insured:** If two or more Plans are insured under this Policy,
   a. any payment we make for loss:
      i. Sustained by two or more plans; or
      ii. Of commingled "property" of two or more Plans, is to be share by each Plan sustaining loss in the proportion that the amount o

insurance required for each such Plan under ERISA provisions bears to the total of those amounts.

b. An "employee" of any Insured Plan is considered to be an "employee" of every Insured Plan. c. If any "employee" of an Insured Plan has knowledge of any information relevant to this Policy, that knowledge is considered knowledge of every Insured Plan.

4. **Legal Action Against Us:** You may not bring any legal action against us involving loss:
   a. Unless you have complied with all the terms of this Policy; and
   b. Until 90 days after you have filed proof of loss with us; and
   c. Unless brought within 12 months from the date you discover the loss.

5. **Loss Sustained During Prior Insurance:**
   a. If you, or any predecessor in interest, sustained loss during the period of any prior insurance that you or any predecessor in interest could have recovered under that insurance except that the time within which to discover loss had expired, we will pay for it under this Policy, provided:
      (1) This Policy became effective at the time of cancellation or termination of the prior insurance; and
      (2) This loss would have been covered by this Policy had it been in effect when the acts or events causing the loss were committed or occurred.
   b. The coverage under this Condition is part of, not in addition to, the Limit of Liability applying to this Policy and is limited to the lesser of the amount recoverable under:
      (1) This Policy as of its effective date; or
      (2) The prior insurance had it remained in effect.

6. **Loss Covered Under This Policy and Prior Insurance Issued by Us or Any Affiliate:** If any loss is covered:
   a. partly by this Policy; and
   b. partly by any prior canceled or terminated insurance that we or any affiliate had issued to you or any predecessor in interest;

The most we will pay is the larger of the amount recoverable under this Policy or the prior insurance.

7. **Non-Cumulation of Limit of Insurance:** Regardless of the number of years this policy remains in force or the number of premiums paid, no Limit of Liability cumulates from year to year or period to period.

8. **Other Insurance:** This insurance does not apply to loss recoverable or recovered under other insurance or indemnity. However, if the limit of the other insurance or indemnity is insufficient to cover the entire amount of the loss, this insurance will apply to that part of the loss, other than that falling within any deductible, not recoverable or recovered under the other insurance or indemnity, but not more than the Limit of Liability.

9. **Ownership of Property - Interests Covered:** The "property" covered under this Policy is limited to "property":
   a. That you own or hold; or
   b. For which you are legally liable.

However, this Policy is for your benefit only. It provides no rights or benefits to any other person or organization.

10. **Records:** You must keep records of all "property" so we can verify the amount of any loss.

11. **Recoveries:** Any recoveries less the cost of obtaining them, made after settlement of loss covered by this Policy will be distributed as follows:
   a. To you, until you are reimbursed for any loss that you sustain that exceeds the Limit of Liability;
   b. Then to us, until we are reimbursed for the settlement made.

Recoveries do not include any recovery:
   a. From insurance, suretyship, reinsurance, security or indemnity taken for our benefit; or
   b. Of original securities after duplicates of them have been issued.

12. **Transfer of Your Rights of Recovery Against Others to Us:** You must transfer to us all your rights to recovery against any person or organization for any loss you sustained and for which we have paid or settled. You must also do everything necessary to secure those rights and do nothing after loss to impair them.

13. **Valuation:** The value of any "property" shall be determined by the market value of such "property" on the date the loss was discovered. If a market price is quoted for such "property", the value shall be fixed by agreement between the parties or by arbitration.

14. **Cancellation of the Policy in its Entirety:**
   a. The Insured Plan(s) shown in Item 2 may cancel this Policy by mailing or delivering to us advance written notice of cancellation.
   b. We may cancel this Policy by mailing or delivering to the Insured Plan(s) shown in Item 2 written notice of cancellation at least
      (1) 10 days before the cancellation date if for non-payment of any premium due to us, or
      (2) 30 days before the effective date of cancellation but in no event less than the minimum Statutory time permitted by State law.
   c. We will mail or deliver our notice to the Insured Plan(s) in care of the last mailing address of the Sponsor in Item 1 known to us.
   d. Notice of cancellation will state the effective date of cancellation. The Policy Period will end on that date.
   e. If this Policy is canceled, we will send the Insured Plan(s) any premium refund due calculated on a pro rata basis, but always subject to a minimum premium.
   f. If notice is mailed, proof of mailing will be sufficient proof of notice.

15. **Cancellation As to Any Employee:** This Policy is canceled as to any "employee":
   a. Immediately upon discovery by:
      (1) You; or
      (2) Any of your officers, trustees or directors not in collusion with the "employee";

   of any dishonesty act committed by that "employee" whether before or after becoming employed by you; or
   b. On the date specified in a notice mailed to you which will be at least three days after the date of mailing. The mailing of notice to you at the last known address will be sufficient proof of notice. Delivery of notice is the same as mailing.

16. **Bond Changes:** The Sponsor identified in Item 1. is authorized to make changes to this Policy. Such changes shall only be effective if made in writing signed by our authorized agent.

17. **Concealment, Misrepresentation, or Fraud:** This insurance is void in any case of fraud by you as it relates to this insurance at any time. It is also void if you or any other insured, at any time, intentionally conceal or misrepresent a material fact concerning: (a) this insurance; (b) the "property"; (c) your interest in the "property"; or (d) a claim under this insurance.

IN WITNESS WHEREOF the Company, has caused this Policy to be signed by its authorized Company officers at Hartford, Connecticut, and countersigned (if required) on the Declarations Page by its duly authorized agent.

Thomas M. Hamill

Executive Vice President

Corporate Secretary

INCLUDES COPYRIGHTED MATERIAL OF INSURANCE SERVICES OFFICE AND THE SURETY ASSOCIATION OF AMERICA

ISSUED BY: Travelers Casualty and Surety Company of America POLICY NO: 104953032

ISSUED TO: BUSINESS.COM, INC.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALIFORNIA CHANGES

It is agreed that:

A. The following provisions are added to the **Cancellation of the Policy in its Entirety** condition:

g. All Policies In Effect For More Than 60 Days

1. If this policy has been in effect for more than 60 days, or is a renewal of a policy we issued, we may cancel this policy only upon the occurrence, after the effective date of the policy, of one or more of the following:
   (a) Nonpayment of premiums including payment due on a prior policy we issued and due during the current policy term covering the same risks.
   (b) Discovery of fraud or material misrepresentation by:
      (1) Any insured or his or her representative in obtaining this insurance; or
      (2) You or your representative in pursuing a claim under this policy.
   (c) A judgment by a court or an administrative tribunal that you have violated a California or Federal law, having as one of its necessary elements an act which materially increases any of the risks insured against.
   (d) Discovery of willful or grossly negligent acts or omissions, or of any violations of state laws or regulations establishing safety standards, by you or your representative, which materially increase any of the risks insured against.
   (e) Failure by you or your representative to implement reasonable loss control requirements, agreed to by you as a condition of policy issuance, or which were conditions precedent to our use of a particular rate or rating plan, if that failure materially increases any of the risks insured against.
   (f) A determination by the Commissioner of Insurance that the:
      (1) Loss of, or changes in, our reinsurance covering all or part of the risk would threaten our financial integrity or solvency; or
      (2) Continuation of the policy coverage would:
         (i) Place us in violation of California law or the laws of the state where we are domiciled; or
         (ii) Threaten our solvency.
   (g) A change by you or your representative in the activities or property of the commercial or industrial enterprise, which results in a materially added, increased or changed risk, unless the added, increased or changed risk is included in the policy.
2. We will mail or deliver advance written notice of cancellation, stating the reason for cancellation, to the first Named Insured, and to the producer of record, at least:
   (a) 10 days before the effective date of cancellation if we cancel for a reason listed in Paragraph g.1.(a) or (b).
   (b) 30 days before the effective date of cancellation if we cancel for any other reason listed in Paragraph g.1.

B. The following is added and supersedes any provisions to the contrary:

NONRENEWAL

1. Subject to the provisions of Paragraph 2. below, if we elect not to renew this policy, we will mail or deliver written notice stating the reason for nonrenewal to the first Named Insured shown in the Declarations and to the producer of record, at least 60 days, but not more than 120 days, before the expiration or anniversary date.

We will mail or deliver our notice to the first Named Insured, and to the producer of record, at the mailing address shown in the policy.

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2. We are not required to send notice of nonrenewal in the following situations:
   (a) If the transfer or renewal of a policy, without any changes in terms, conditions, or rates, is between us and a member of our insurance group.
   (b) If the policy has been extended for 90 day or less, provided that notice has been given in accordance with Paragraph 1.
   (c) If you have obtained replacement coverage, or if the first Named Insured has agreed, in writing, within 60 days of the termination of the policy, to obtain that coverage.
   (d) If the policy is for a period of no more than 60 days and you are notified at the time of issuance that it will not be renewed.
   (e) If the first Named Insured requests a change in the terms or conditions or risks covered by the policy within 60 days of the end of the policy period.
   (f) If we have made a written offer to the first Named Insured, in accordance with the timeframes shown in Paragraph 1., to renew the policy under changed terms or conditions or at an increased premium rate, when the increase exceeds 25%.

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ISSUED BY: Travelers Casualty and Surety Company of America POLICY NO: 104953032

ISSUED TO: BUSINESS.COM, INC.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALIFORNIA PREMIUM RIDER

It is agreed that:

1. In compliance with the ruling of the Commissioner of Insurance of the State of California and the Opinion of the Attorney-General of that State requiring that the premium for all bonds or policies be endorsed thereon, the basic premium charged for the attached bond for the period

from: **March 1, 2007**

to: **March 1, 2010**

is **$436.00** Dollars (**Four Hundred and Thirty Six**)

2. This rider is effective as of 12:01 a.m. Standard Time on **March 1, 2007** at your mailing address shown on the Declarations Page.

CALIFORNIA PREMIUM RIDER
FOR USE WITH ERISA COMPLIANCE BONDS, TO COMPLY WITH RULINGS OF THE INSURANCE COMMISSIONER AND THE ATTORNEY-GENERAL.

F-3603 (01-01)

ISSUED BY: Travelers Casualty and Surety Company of America **POLICY NO:** 104953032
ISSUED TO: BUSINESS.COM, INC.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ERISA Required Bond Limit
(For use with ERISA Compliance Bond F-3600 Ed. 8-00)

It is agreed that:

SECTION B. LIMIT OF LIABILITY is amended by adding the following:

However, in the case of an Insured Plan that holds employer securities within the meaning of 29 U.S.C.A. § 1107(d)(1), this section shall be amended by substituting $1,000,000.00 (One Million) for $500,000.00 (Five Hundred Thousand).

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

This endorsement is effective at the Inception Date stated in ITEM 3 of the Declarations or effective at 12:01 A.M. on January 1, 2008, if indicated herein. Complete the following only when this endorsement is not prepared with the policy or is to be effective on a date other than the Inception Date of the policy.

Accepted by: _____
On behalf of the entity named in ITEM 1 of the Declarations.

Thomas M. Kimball
Authorized Company Representative

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Account status

Enter Account ID

97061701

Get Account

Account ID	970,617-01
Business name	DEX MEDIA WEST LLC
Account manager	AMBER HOLT 360-902-4862

Account is currently **Active** | View history dates

Other details regarding this account

- What is my account balance?
- Audits, collections & bankruptcy
- Sub accounts
- Experience transfer history

Account Information on File

UBI	602 286 779	
Legal business name	DEX MEDIA WEST LLC	
Quarterly report address	C/O RH DONNELLEY 1001 WINSTEAD DR CARY, NC 27513-2117	
Foreign country		
Will this account receive claims correspondence?		Yes
Contact name	ANN HUDOCK	
Phone number	919-297-1260	Ext
Alternate phone number		
Fax	919-297-1587	

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/10/2009

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

PHONE - (866) 283-7122 FAX - (847) 953-5390

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Federal Insurance Company	20281
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
R.H. Donnelley Corp.
1001 Winstead Drive
Attn: Ann Hudock
Cary NC 27513 USA

Holder Identifier :

Certificate No : 570034939073

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 POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	
		☐ COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	
		☐ CLAIMS MADE ☐ OCCUR				MED EXP (Any one person)	
						PERSONAL & ADV INJURY	
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	
		☐ POLICY ☐ PRO-JECT ☐ LOC				PRODUCTS - COMP/OP AGG	
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	
		☐ ANY AUTO				BODILY INJURY (Per person)	
		☐ ALL OWNED AUTOS				BODILY INJURY (Per accident)	
		☐ SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	
		☐ HIRED AUTOS					
		☐ NON OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
		☐ ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	
						AGG	
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	
		☐ OCCUR ☐ CLAIMS MADE				AGGREGATE	
		☐ DEDUCTIBLE					
		☐ RETENTION					
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ☐				WC STATU-TORY LIMITS ☐ OTH-ER	
		ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT	
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
A		OTHER EX Fiduciary	82109445	11/01/2008	11/01/2009	Each Loss	$10,000,000

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

CERTIFICATE HOLDER

United States Trustee
Attn: Richard Schepacarter, Esq.
844 King Street, Room 2207
Lockbox #35
Wilmington DE 19899-0035 USA

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE Aon Risk Services Northeast, Inc.

ACORD 25 (2009/01)

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