



Bonding and Insurance Information

The Exeter Group of Companies, including Exeter 1031 Exchange Services, LLC and Exeter Fiduciary Services, LLC, are pleased to provide its clients and their advisors with the following bonding and insurance coverage information:

Fidelity Bond Coverage
\$5 Million

Errors and Omissions Insurance
\$1 Million

Please refer to the attached insurance company Evidence of Insurance for complete information, including policy numbers, term and coverage amounts.

You are also welcome to contact any of our insurance brokers to verify that our coverage is still in full force and effect. Their contact information is on the following individual coverage pages.

Exeter 1031 Exchange Services, LLC
402 West Broadway, Suite 400, San Diego, California 92101
Office: (619) 239-3091 • Facsimile: (866) 393-8371 • Web site: www.exeter1031.com

San Diego • Los Angeles • Newport Beach • Fresno • San Francisco
Chicago, ILL • Pittsburgh, PA • New York • New Jersey • Delaware • Hawaii



Fidelity Bond Insurance Coverage

The Exeter Group of Companies, including Exeter 1031 Exchange Services, LLC and Exeter Fiduciary Services, LLC, are pleased to provide its clients and their advisors with the following fidelity bond insurance coverage information:

Fidelity Bond Coverage \$5 Million

Please refer to the attached Certificate of Liability Insurance for complete fidelity bond insurance coverage information, including policy numbers, term and coverage amounts.

You are also welcome and encouraged to contact our insurance broker to verify that our coverage is still in full force and effect. Their contact information is:

Insurance Broker Contact

Nickie Tran
IQ Risk Insurance Services
9070 Irvine Center Drive, Suite 220
Irvine, CA 92618
Direct (949) 679-3700
Fax (949) 679-3701 • aferry@alliantinsurance.com

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/7/2011

PRODUCER (949)679-3700 FAX: (949)679-3701 IQ Risk Insurance Services, LLC 4 Executive Circle Suite 280 Irvine CA 92614		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 The Exeter Group LLC Exeter 1031 Exchange Services, LLC 402 West Broadway, Suite 400 San Diego CA 92101		INSURERS AFFORDING COVERAGE INSURER A: Navigators Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 42307

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.

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 <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> 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 <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> 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 Crime	NY11CCC797574NV	9/1/2011	9/1/2012	Each Occurrence:	\$5,000,000

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

*10 Days Notice of Cancellation for Non-Payment of Premium.

Name Insured Continued: Exeter Reverse 1031 Exchange Services, LLC; Exeter Advanced Exchange Strategies, LLC; Exeter Advanced Exchange Parking Services, LLC; Exeter IRA Services, LLC; Exeter Exchange Management Corporation; Exeter SDIRA Corporation; Exeter Fiduciary Services, LLC; The Exeter Group, LLC 104(K) Profit Sharing Plan and Trust.

CERTIFICATE HOLDER

CANCELLATION

Name Insured

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

Bobby Truong/BOBBY



Errors & Omissions Insurance Coverage

The Exeter Group of Companies, including Exeter 1031 Exchange Services, LLC and Exeter Fiduciary Services, LLC, are pleased to provide its clients and their advisors with the following errors and omissions insurance coverage information:

E & O Insurance Coverage \$1 Million

Please refer to the attached Certificate of Liability Insurance for complete errors and omissions insurance coverage information, including policy numbers, term and coverage amounts.

You are also welcome and encouraged to contact our insurance broker to verify that our coverage is still in full force and effect. Their contact information is:

Insurance Broker Contact

Andrea Ferry
Alliant Insurance Services, Inc.
100 Pine Street, 11th Floor
San Francisco, CA 94111
Direct (415) 403-1456
Fax (415) 402-0773 • aferry@alliantinsurance.com

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Chicago, ILL • Pittsburgh, PA • New York • New Jersey • Delaware • Hawaii**

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/19/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

PRODUCER ALLIANT INSURANCE SERVICES, INC. 100 PINE STREET, 11TH FLOOR SAN FRANCISCO, CA 94111 LICENSE NO: 0C36861	CONTACTNAME: Kylie Strand PHONE (A/C, No, Ext): (415) 403-1400 FAX (A/C, No): (415) 402 - 0773 E-MAIL ADDRESS: kstrand@alliantinsurance.com PRODUCER CUSTOMER ID #: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Scottsdale Insurance Company</td> <td>41297</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Scottsdale Insurance Company	41297	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURED The Exeter Group, LLC, Exeter 1031 Exchange Services LLC, Exeter Reverse 1031 Exchange Services LLC, Exeter Advanced Exchange Strategies LLC, Exeter Advanced Exchange Parking Services LLC, Exeter Fiduciary Services LLC, Exeter Consulting Group LLC, Exeter Exchange Management Corp 402 W. Broadway, Suite 400 San Diego, CA 92101															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT LOC					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Each occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Each accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION					EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	Professional Liability		EKS3043508	07/15/2011	07/15/2012	\$1,000,000 per occurrence/aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Issued for Evidence of Insurance Purposes Only.

CERTIFICATE HOLDER Evidence of Insurance	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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