Exhibit C

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 04/17/2003

PRODUCER
CORPORATE INSURANCE ACCOUNT 860-520-2772

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 HARTFORD FINANCIAL SERVICES GROUP,INC
HARTFORD PLAZA
HARTFORD, CT 06115

INSURERS AFFORDING COVERAGE

INSURER A:	TWIN CITY FIRE INSURANCE COMPANY
INSURER B:	HARTFORD FIRE INSURANCE COMPANY
INSURER C:	HARTFORD INS. CO. OF THE MIDWEST
INSURER D:	
INSURER E:	

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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC	02 CSE J54789	12/31/02	12/31/03	EACH OCCURRENCE	$	1,000,000
					FIRE DAMAGE (Any one fire)	$	
					MED EXP (Any one person)	$	
					PERSONAL & ADV INJURY	$	1,000,000
					GENERAL AGGREGATE	$	1,000,000
					PRODUCTS - COMP/OP AGG	$	
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS	02 CSE J54790	12/31/02	12/31/02	COMBINED SINGLE LIMIT (Ea accident)	$	1,000,000
					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	$	
	EXCESS LIABILITY [ ] OCCUR [ ] CLAIMS MADE [ ] DEDUCTIBLE [ ] RETENTION $				EACH OCCURRENCE	$	
					AGGREGATE	$	
						$	
						$	
						$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	02 WN J54788	12/31/02	12/31/03	[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
B	OTHER ERRORS & OMISSIONS PROFESSIONAL LIABILITY	02 CSE J54796	12/31/02	12/31/03	$ 3,000,000		

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

COVERS HARTFORD LIFE OPERATIONS, A SUBSIDIARY OF THE HARTFORD FINANCIAL SERVICES GROUP, INC., FOR ADMINISTRATIVE SERVICES FOR THE COUNTY OF SAN BERNARDINO.

CERTIFICATE HOLDER [X] ADDITIONAL INSURED; INSURER LETTER: ____

SAN BERNARDINO COUNTY
DEPT. OF HUMAN RESOURCES
157 WEST FIFTH ST., 1ST FLOOR
SAN BERNARDINO, CA 92415-0440

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 CORPORATION 1988