

**CERTIFICATE OF INSURANCE**



This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Aurora, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder TURTLECREEK COMMONS HOMEOWNERS ASSOCIATION, INC  
 Address of policyholder C/O NEIGHBORHOOD SERVICES, 1322 S FRETZ DR, EDMOND, OK 73003  
 Location of operations EDMOND, OKLAHOMA  
 Description of operations CONDOMINIUM ASSOCIATION POLICY

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)	
		Effective Date	Expiration Date		
98-08-3509-0F	Comprehensive Business Liability	05/18/11	05/18/12	BODILY INJURY AND PROPERTY DAMAGE	
This insurance includes:	<input type="checkbox"/> Products - Completed Operations			Each Occurrence	\$ 1000000
	<input type="checkbox"/> Contractual Liability			General Aggregate	\$ 2000000
	<input type="checkbox"/> Personal Injury			Products - Completed Operations Aggregate	\$
	<input type="checkbox"/> Advertising Injury				
	<input checked="" type="checkbox"/> BLANKET <input checked="" type="checkbox"/> BUILDING COVERAGE IN THE AMOUNT OF <input type="checkbox"/>				
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)	
	<input type="checkbox"/> Umbrella	Effective Date	Expiration Date	Each Occurrence	\$
	<input type="checkbox"/> Other			Aggregate	\$
	Workers' Compensation and Employers Liability	POLICY PERIOD		Part I - Workers Compensation - Statutory	
		Effective Date	Expiration Date	Part II - Employers Liability	
				Each Accident	\$
				Disease - Each Employee	\$
				Disease - Policy Limit	\$
POLICY NUMBER	TYPE OF INSURANCE	Effective Date	Expiration Date	LIMITS OF LIABILITY (at beginning of policy period)	

**THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.**

Name and Address of Certificate Holder

If any of the described policies are canceled before their expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Signature of Authorized Representative  
 AGENT \_\_\_\_\_ 11/28/2011  
 Title \_\_\_\_\_ Date  
 CARL J. HOPKINS  
 Agent Name  
 Telephone Number 405-340-5444

Agent's Code Stamp  
 Agent Code 1840  
 AFO Code F830