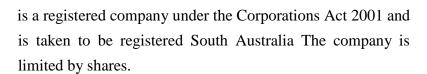
Certificate of Registration of a Company

This is to certify that

DALASVEST LIMITED

Australian Company Number 639 745 346



The company is proprietary company.

The day of commencement of registration is the twenty-ninth day of January 2013.



ASIC

Australian Q•curities & Investments Commission

Issued by the Australian Securities and Investments Commission on this twenty-ninth day of January, 2013

live

Hugh Dive Chair

ACORD

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	CONTACT						
Level 4, 99 Bathurst Street,	Sheila Baker NAME:						
Sydney, New South Wales							
2000, Australia	PHONE	FAX					
	AIC No Ext : (639) 745-3768	A/C, No :	(639) 745-				
		3769					
	ADDRESS: E-MAILCortea.Thomas@	RESS: E-MAILCortea.Thomas@loausa.com					
	INSURER(S) AFFORDING COVER	NAIC #					
	INSURER A : Southern Insurance Co	26867					
	Australia						
INSURED	INSURER B						
Dalasvest Limited	INSURER C :						
	INSURER D						
	INSURER E :						
	INSURER F :						

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	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS	
LTR		INSD	WVD		MM/DD/YYYY	MM/DD/YYYY		

THOMASC

DATE (MM/DD/YYYY)

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	EXCESS LIAB CLAIMS-MADE								AGGREGATE	4,000,000		
				x		CPP1996349	07/07/2021	07/07/2021	0710712026			
		DED	RETENT	ION \$								
DES												
DE	DESCRIPTION OF OPERATIONS 1 LOCATIONS 1 VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER CANCELLATION												
								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				
INSUREDS COPY										ICY PROVISIONS.		
***FOR INFORMATIONAL												
PURPOSESONLY***								AUTHORIZED REPRESENTATIVE				

AUTHORIZED REPRESENTATIVE

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