

ACE INA PRIVACY STATEMENT

The ACE INA group of companies strongly believes in maintaining the privacy of information we collect about individuals. We want you to understand how and why we use and disclose the collected information. The following provides details of our practices and procedures for protecting the security of nonpublic personal information that we have collected about individuals. This privacy statement applies to policies underwritten by ACE American Insurance Company.

INFORMATION WE COLLECT

The information we collect will vary depending on the type of product or service individuals seek or purchase, and may include:

- Information we receive from individuals, such as their name, address, age, phone number, social security number, assets, income, or beneficiaries;
- Information about individuals' transactions with us, with our affiliates, or with others, such as policy coverage, premium, payment history, motor vehicle records; and
- Information we receive from a consumer reporting agency, such as a credit history.

INFORMATION WE DISCLOSE

We do not disclose any personal information to anyone except as is necessary in order to provide our products or services to a person, or otherwise as we are required or permitted by law.

We may disclose any of the information that we collect to companies that perform marketing services on our behalf or to other financial institutions with whom we have joint marketing agreements.

THE RIGHT TO VERIFY THE ACCURACY OF INFORMATION WE COLLECT

Keeping information accurate and up to date is important to us. Individuals may see and correct their personal information that we collect except for information relating to a claim or a criminal or civil proceeding.

CONFIDENTIALITY AND SECURITY

We restrict access to personal information to our employees, our affiliates' employees, or others who need to know that information to service the account or in the course of conducting our normal business operations. We maintain physical, electronic, and procedural safeguards to protect personal information.

CONTACTING US

If you have any questions about this privacy statement or would like to learn more about how we protect privacy, please write to us at ACE INA Customer Services, P.O. Box 1000, 436 Walnut Street, WA04F, Philadelphia, PA 19106. Please include the policy number on any correspondence with us.



ACE American Insurance Company



ACE American Insurance Company
Philadelphia, PA 19106
(Herein called We, Us, Our)

Blanket Accident and Sickness Insurance Policy Amendment

Policy Number: GLM N0415714A

Effective Date: July 1, 2008

**Policyholder: Trustee of ACE USA Accident & Health
Insurance Trust on behalf of District 5130
Rotary Youth Exchange**

Amendment No.: 1

This Amendment form is made a part of the Policy and to which it is attached as of the Effective Date shown above. This form applies only to Covered Accidents and Sicknesses that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this form.

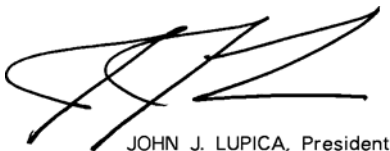
It is understood and agreed that:

- 1) In consideration of the payment of the required premium, this policy is renewed for the Policy Term beginning July 1, 2008 and ending July 1, 2009.
- 2) Premiums for this Policy Term are: \$309.00 per Insured per Policy Term; \$67.00 per Month (STEP).

Payment of the first premium of the renewal period constitutes acceptance of all of the terms and conditions of the renewal.

This form ends at the same time as the Policy. It is subject to all of the terms, limitations and conditions of the Policy except as they are changed by it.

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.



JOHN J. LUPICA, President



GEORGE D. MULLIGAN, Secretary