

Notice of Privacy Policy

At OHL Insurance & Financial Services, protecting your privacy is very important to us. We recognize that our relationships with current and prospective clients are based on integrity and trust. We work hard to maintain your privacy and are very careful to preserve the private nature of our relationship with you. At the same time, the very nature of our business sometimes requires that we collect or share certain information about you with other organizations or companies. Therefore, we want you to be aware of how we handle personal information.

PURPOSE OF THIS NOTICE

Title V of the Gramm-Leach-Bliley Act (GLBA) generally prohibits any financial institution, directly or through its affiliates, from sharing nonpublic personal information about you with a non-affiliated third party unless the institution provides you with a notice of its privacy policies and practices, such as the type of information that it collects about you and the categories of persons or entities to whom it may be disclosed. In compliance with the GLBA, we are providing you with this document, which notifies you of the privacy policies and practices of the OHL Insurance & Financial Services and its affiliated companies (hereafter referred to as "OHL Insurance & Financial Services" or "OHL"). For a complete list of OHL Insurance & Financial Services affiliated companies, please see the section titled, "OHL Insurance & Financial Services Family of Companies." The OHL Insurance & Financial Services and its affiliated companies do not and will not sell or share nonpublic personal information about you with any non-affiliated third party for any purpose unless you authorize it or it is otherwise permitted by law. Our "affiliates" are companies with which we share common ownership and which offer property and casualty, life and health, and certain benefit products.

OUR PRIVACY POLICIES AND PRACTICES

1. Information we collect:

We collect nonpublic personal information about you from various sources to help serve your financial and insurance needs, provide customer service, offer new products or services, and fulfill legal and regulatory requirements. The type of information that OHL collects varies according to the products or services you request, and may include:

- Information we receive from you on applications, interviews, or by other means (such as name, address, Social Security number, assets and income);
- Information about your transactions with us, our affiliates or others (such as products or services purchased, account balances and payment history);
- Information from your employer, benefit plan sponsor, or association for any insurance product you may purchase through OHL (such as name, address, Social Security number, age and marital status);
- Information we receive from a consumer reporting agency (such as credit relationships and history);
- Information from other non-OHL sources (such as motor vehicle reports, medical information, and demographic information);
- Information from visitors to OHL websites (such as that provided through online forms, site visitor data and online information collecting devices known as "cookies"). Unless it is specifically stated otherwise in an amended Privacy Policy Notice, no additional information will be collected about you.

2. Information we may disclose to third parties:

We may disclose all of the information we collect, as described above, about our customers or former customers, to companies that perform marketing services on our behalf or to other financial institutions with whom we have joint marketing agreements. We also may disclose information about our customers or former customers as permitted by law. Any medical or health information we collect about you will be disclosed to third parties only to underwrite insurance or administer your policy or claim, as permitted by law or as authorized by you and consistent with our HIPAA Privacy Policy below.

3. Nonaffiliated third parties to whom disclosures may be made:

We may disclose nonpublic personal information about you, such as we have described above, to the following types of third parties that perform marketing services on our behalf or with whom we have joint marketing agreements:

- Fulfillment service providers, such as envelope stuffing services;

- Financial institutions with whom we have joint marketing agreements, such as insurance companies, agencies and brokerages; and
- Non-Financial Institutions with whom we have joint marketing agreements or who may be performing services or functions on our behalf, such as trade associations and affinity groups.

These disclosures will be made only to the extent permitted by law. We may also disclose nonpublic personal information about you to non-affiliated third parties as permitted by law.

4. Affiliates with whom we share certain information protected by the Fair Credit Reporting Act, unless you tell us not to:

A. Categories of Information We Disclose to Affiliated Companies:

We may disclose the following kinds of nonpublic personal information about you to our affiliates:

- Information we receive from you on applications or other forms, such as name, address and Social Security number, and information we may receive from you in connection with insurance products, such as your assets and income;
- Information about your transactions with us, our affiliates or others, such as types of insurance and investments you have through us, your policy information, payment history, and parties to the transaction; and
- Information we receive from consumer reporting agencies and other agencies, such as your creditworthiness, credit history and motor vehicle report.

We disclose this information to our affiliates for a number of reasons, such as to assist us in administering your insurance or to identify products or services our affiliates may offer that may be of interest to you. Our affiliates observe the same practices we do to protect the privacy of information about you.

B. Categories of Affiliates to Whom We Disclose Information:

We may disclose nonpublic personal information about you to the following types of our affiliated companies: our insurance agency and brokerage companies and our insurance agents and brokers. Under the Fair Credit Reporting Act, you may exercise your right to opt out of OHL Insurance & Financial Services' sharing of non-transactional information about you with OHL affiliates. OHL may share other information about you with its affiliates as permitted by law. If you prefer that OHL not share non-transactional information about you with OHL affiliates as provided under the Fair Credit Reporting Act, then you may direct us not to share this information by writing us at

OHL Insurance & Financial Services
 150 Robbins Station Rd, Suite 1
 North Huntingdon, Pennsylvania 15642

and simply state, "I wish to exercise my right under the Fair Credit Reporting Act to opt out of OHL Insurance & Financial Services sharing of non-transactional information about me with OHL affiliates." We will honor your request.

5. Our practices regarding information confidentiality and security:

We restrict access to nonpublic personal information about you to those employees who need to know that information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

6. Reservation of the right to disclose information in unforeseen circumstances:

In connection with the potential sale or transfer of its interests, OHL and its affiliates reserves the right to sell or transfer your information (including but not limited to your address, name, age, sex, zip code, state and country of residency and other information that you provide through other communications) to a third party entity that

- (1) concentrates its business in a similar practice or service;
- (2) agrees to be OHL's successor in interest with regard to the maintenance and protection of the information collected; and

(3) agrees to the obligations of this privacy statement.

HIPAA PRIVACY NOTICE

This HIPAA Privacy Notice is in effect as of April 14, 2003. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. Statement of Our Duties

We are required by law to maintain the privacy of your personal health information and to provide you with this notice of our privacy practices and legal duties. We are required to abide by the terms of this notice. WE RESERVE THE RIGHT TO CHANGE THE TERMS OF THIS NOTICE AND TO MAKE ANY NEW PROVISIONS EFFECTIVE TO ALL OF THE PERSONAL HEALTH INFORMATION THAT WE MAINTAIN ABOUT YOU. IF WE CHANGE OUR NOTICE, YOU MAY OBTAIN A COPY OF THE REVISED NOTICE BY REQUESTING IT IN PERSON AT OUR OFFICE OR BY SENDING A WRITTEN REQUEST FOR A COPY TO OUR PRIVACY COORDINATOR AT OHL INSURANCE & FINANCIAL SERVICES, ATTN. PRIVACY COORDINATOR, P.O. BOX 2726, YORK, PENNSYLVANIA 17405.

2. Statement of Your Rights

You have a right to know how we may use or disclose your personal health information. This notice informs you of those uses and disclosures. There are certain uses and disclosures of your personal health information that we are permitted or required to make by law without your permission. For all other uses and disclosures, we first must obtain your permission. In addition, you have the following rights:

- The right to request that we place additional restrictions on our uses and disclosures of your personal health information. However, we are not obligated to agree to impose any such additional restrictions.
- The right to access, inspect and copy the protected information pertaining to you that we maintain in our files about you, and the right to have us correct or amend any information that we create in error. Requests to access or amend your health information should be sent to the contact person and address provided in paragraph 7.
- The right to receive an accounting of the disclosures of your personal health information that we make for purposes other than activities related to your treatment, or our payment functions or other health care operations.
- The right to request that you receive communications of personal health information in a confidential manner.
- The right to obtain a paper copy of this notice from us on request.

3. Information We Collect About You

We collect the following categories of information about you from the following sources:

- Information that we obtain directly from you, in conversations or on applications or other forms that you fill out.
- Information that we obtain as a result of our transactions with you.
- Information that we obtain from your medical records or from medical professionals.
- Information that we obtain from other entities, such as health care providers or other insurance companies, in order to service your policy or carry out other insurance-related needs.

4. Permissible Uses and Disclosures of Protected Information

- To Carry Out Treatment Functions. We may use or disclose your health information without your permission for health care providers to provide you with treatment.
- To Carry Out Payment Functions. We may use or disclose your health information without your permission to carry out activities relating to reimbursing you for the provision of health care, obtaining premiums, determining coverage, and providing benefits under the policy of insurance that you are purchasing. Such functions may include reviewing health care services with respect to medical necessity, coverage under the policy, appropriateness of care, or justification of charges.
- To Carry Out Certain Operations Relating To Your Benefit Plan. We also may use or disclose your protected health information without your permission to carry out certain limited activities relating to your health insurance benefits, including reviewing the competence or qualifications

of health care professionals, placing contracts for stop-loss insurance and conducting quality assessment activities.

- In Situations Permitted Or Required By Law. We also may use or disclose your protected health information without your written permission for other purposes permitted or required by law, including the following:
- As authorized by and to the extent necessary to comply with workers' compensation or other no-fault laws.
- As authorized by law and to the extent necessary to service insurance policies and benefits that are exempt benefits, such as in connection with servicing life, disability, property and casualty, accident and sickness, worker's compensation and auto insurance or other similar insurance coverage under which benefits for medical care are secondary or incidental to other insurance benefits.
- To a health oversight agency for activities including audits or civil, criminal or administrative proceedings.
- To a public health authority for purposes of public health activities (such as to the Food and Drug Administration to report consumer product defects).
- To a law enforcement official for law enforcement purposes or in response to a court order or in the course of any judicial or administrative proceeding.
- To organ procurement organizations, or to other entities for approved research purposes.
- To a government authority, including a social service or protective services agency, authorized to receive reports of abuse, neglect or domestic violence.
- For Any Purposes to Which You Have Not Objected. In certain limited circumstances, we may use or disclose your protected health information after we have given you an opportunity to object and you have not objected. For example, if you do not object, we may use limited information about you to maintain an office directory, to notify family members or any other person identified by you regarding issues directly related to such person's involvement with your care or payment for that care, or in emergency circumstances.
- As Permitted By Plan Documents. In certain limited circumstances where we may be acting as a third party administrator, we may disclose your protected health information to plan sponsors pursuant to the restrictions imposed on the plan sponsor in the sponsor's plan documents.
- For Purposes For Which We Have Obtained Your Written Permission. All other uses or disclosures of your protected health information will be made only with your written permission, and any permission that you give us may be revoked by you at any time.

5. Complaints About Misuse of Health Information

You may complain either directly to us or to the Secretary of Health and Human Services if you believe that your rights with respect to our protection of your health information have been violated. To file a complaint with us, you may submit a complaint in writing that includes as many details (such as names and dates) as possible to our Privacy Officer at the address in Paragraph 7. You will not be retaliated against in any way for filing a complaint.

6. Our Practices Regarding Confidentiality and Security

We restrict access to nonpublic personal information about you to those employees who need to know that information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

7. Contact Person For Filing Complaint or Obtaining Further Information

OHL INSURANCE & FINANCIAL SERVICES
150 ROBBINS STATION RD
SUITE 1
NORTH HUNTINGDON, PENNSYLVANIA 15642
(724) 871-7788

Our Policy Regarding Dispute Resolution

Any controversy or claim arising out of or relating to our privacy policy, or the breach thereof, shall be settled by arbitration in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.