

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor: <b>North Carolina Mobile Imaging III LLC</b>		Case Number: <b>10-16572-ajg</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Crum &amp; Forster</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____
Name and address where notices should be sent: <b>Gina M. Pontoriero, Esq.</b> <b>Crum &amp; Forster</b> <b>305 Madison Ave, Box 1973 Morristown, NJ 07960</b> Telephone number: <b>(973)490-6822</b>		
Name and address where payment should be sent (if different from above):  Telephone number: _____		<div style="text-align: center;"> <b>RECEIVED</b>   <b>MAY 09 2011</b>   <b>BMC GROUP</b> </div> <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed <u>\$6,610,105.49*</u>  If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or charges. * And, potential additional amounts. See Exhibit A.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier- 11 U.S.C. § 507(a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan- 11 U.S.C. §507(a)(5).  <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -11 U.S.C. § 507(a)(7)  <input type="checkbox"/> Taxes or penalties owed to governmental units -11 U.S.C. §507(a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)( ).  Amount entitled to priority: \$ _____
2. Basis for Claim: <u>Insurance – premium and deductible payments</u> (See instructions #2 on reverse side.)  3. Last four digits of any number by which creditor identifies debtor: <u>7203</u>  3a. Debtor may have scheduled account as: _____ (See instructions #3a on reverse side.)  4. Secured Claim (See instructions #4 on reverse side). Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe: Letter of Credit, Escrow Monies, and right of setoff and/or off set, see Ex. A attached  Value of Property: \$ _____ Annual Interest Rate _____ %  Amount of arrearage and other charges as of time case filed included in secured claim, if any: <u>\$5,615,105.49</u> Basis for perfection: _____  Amount of Secured Claim: <u>\$995,000*</u> Amount Unsecured: <u>\$5,615,105.49</u> * And, potential additional amounts. See Exhibit A.		<input type="checkbox"/> Amounts are subject to an adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attached redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain: _____		Insight  00167  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>FOR COURT USE ONLY</b>  <b>APR 25 2011</b>          U.S. BANKRUPTCY COURT          SO DIST. OF NEW YORK       </div>
DATE: 4/21/11  Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.   <b>Gina M. Pontoriero, Senior Corporate Counsel</b>		

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

*The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.*

**Items to be completed in Proof of Claim form****Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

**Creditor's Name and Address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**1. Amount of Claim as of Date Case Filed:**

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

**2. Basis for Claim:**

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

**3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:**

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

**3a. Debtor May Have Scheduled Account As:**

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

**4. Secured Claim:**

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

**5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).**

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

**6. Credits:**

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

**7. Documents:**

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

**Date and Signature:**

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

**DEFINITIONS****Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

**Creditor**

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

**Claim**

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

**Proof of Claim**

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

**Secured Claim Under 11 U.S.C. §506(a)**

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

**Unsecured Claim**

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

**Claim Entitled to Priority Under 11 U.S.C. §507(a)**

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

**Redacted**

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

**Evidence of Perfection**

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

**INFORMATION****Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system ([www.pacer.psc.uscourts.gov](http://www.pacer.psc.uscourts.gov)) for a small fee to view your filed proof of claim.

**Offers to Purchase a Claim**

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

**Exhibit A: Summary of Administrative Claim**  
**North Carolina Mobile Imaging III LLC**  
**Case No. 10-16572-ajg**

"Crum & Forster" is a registered trademark of United States Fire Insurance Company ("U.S. Fire"). The Crum & Forster group of companies includes, among other entities, U.S. Fire and the North River Insurance Company (collectively, "Crum & Forster"). Crum & Forster hereby submits this administrative proof of claim and supporting documentation jointly and severally against all of the jointly administered debtors ("Debtor"), and thus has filed identical proofs of claim on the claims register for each Debtor.

The Crum & Forster insurance policies, as set forth infra, have been assumed under the Chapter 11 Plan. Crum & Forster files this contingent administrative claim for installment payments and deductible billings that will become due in the future. Crum & Forster understands that these monies will be paid in the ordinary course and files this claim as a protective measure.

U.S. Fire issued policy number 406-6807203 with an effective term of 12/5/10-12/5/11. The estimated premium for this policy in the amount of \$771,088 is payable in a deposit in the amount of \$214,042, and equal monthly installments due thereafter in the amount of \$61,894. The policy is subject to premium audit at the end of policy termination. Debtor has paid the deposit premium, and as of the time of submitting this proof of claim, is not delinquent in its installment plan. If the Debtor pays the installments and if a premium audit at policy expiration results in a return of premium to the Debtor, U.S. Fire will assert a right of setoff and/or off set with respect to the premium return. This right of setoff and/or off set will be applied to the above referenced installments due and owing, if any, the additional premium that may become due at audit, and/or to any amounts due under the coverage described below. In the meantime, \$309,470.00 remains due on installment.

The North River Insurance Company issued policy number 406-6805934 with an effective term of 12/5/09-12/5/10. The estimated premium for this policy in the amount of \$749,082 has been paid. The policy is subject to premium audit on expiration. The audit has recently taken place and is being processed. North River reserves its rights of setoff and/or off set with respect to the premium return. This right of setoff and/or off set will be applied to the above referenced installments due and owing, if any, and/or to any amounts due under the coverage described below.

U.S. Fire issued policy number 406-6802559 with an effective term of 12/5/06-12/5/07. The policy is subject to a \$250,000 per claimant deductible and a deductible aggregate amount of \$2M. Currently, Debtor has remitted deductible payments in the amount of \$718,661.20, leaving a potential deductible aggregate in the amount of \$1,281,338.80 (\$2M-\$718,661.20). U.S. Fire expects that this deductible aggregate will increase over time.

U.S. Fire issued policy number 406-6801227 with an effective term of 12/5/05-12/5/06. The policy is subject to a \$250,000 per claimant deductible and a deductible aggregate amount of \$2,250,000. Currently, Debtor has remitted deductible payments in the amount of \$680,296.79,

leaving a potential deductible aggregate in the amount of \$1,569,703.21 (\$2,250,000-\$680,296.79). U.S. Fire expects that this deductible aggregate will increase over time.

U.S. Fire issued policy number 406-0286649 with an effective term of 12/5/04-12/5/05. The policy is subject to a \$250,000 per claimant deductible and a deductible aggregate amount of \$2M. Currently, Debtor has remitted deductible payments in the amount of \$320,344.07, leaving a potential deductible aggregate in the amount of \$1,679,655.93 (\$2M-\$320,344.07). U.S. Fire expects that this deductible aggregate will increase over time.

U.S. Fire issued policy number 406-0286541 with an effective term of 12/5/03-12/5/04. The policy is subject to a \$250,000 per claimant deductible and a deductible aggregate amount of \$2.2M. Currently, Debtor has remitted deductible payments in the amount of \$430,062.45, leaving a potential deductible aggregate in the amount of \$1,769,937.55 (\$2.2M-\$430,062.45). U.S. Fire expects that this deductible aggregate will increase over time.

Crum & Forster therefore files this contingent claim in the amount of \$6,610,105.49 (\$309,470 + \$1,281,338.80 + \$1,569,703.21 + \$1,679,655.93 + \$1,769,937.55). Crum & Forster is a secured creditor because it holds \$995,000 in collateral (\$875,000 in LOC and \$120,000 in escrow monies). Crum & Forster also files this Proof of Claim as an unsecured creditor for any monies due from Debtor which exceeds the collateral.

As of the time of submitting this proof of claim, there are no outstanding amounts due by Debtor. Additional amounts will, however, be due in the future. Crum & Forster reserves its right to file amended proofs of claim.

The referenced declaration pages and supporting documentation are attached hereto and incorporated herein by reference.

**INSURER:**

UNITED STATES FIRE INSURANCE COMPANY  
HOME OFFICE: MORRISTOWN, NJ  
A STOCK INSURANCE COMPANY

**POLICY NO:** 4066807203**RENEWAL OF:** 4066805934**NCCI CO NO:** 12777**INSURED ID****NO(S):****CLIENT NO:** 01403273**1. THE INSURED AND MAILING ADDRESS:**

NSIGHT HEALTH SERVICES CORP.  
(SEE NAMED INSURED ENDT)  
26250 ENTERPRISE COURT  
LAKE FOREST CA 92630

**PRODUCER NO:** 36792**PRODUCER NAME AND ADDRESS:**

MARSH USA, INC.  
777 S. FIGUEROA STREET  
LOS ANGELES  
CA 90017-0000

**INSURED ENTITY:** CORPORATION**BUSINESS OF INSURED:** MEDICAL LABORATORY, MFG. ELECTROMEDICAL EQUIPMENT**OTHER WORKPLACES NOT SHOWN ABOVE:** (See Extension of Information Page)**2. POLICY PERIOD:** FROM 12-05-2010 TO 12-05-2011

Effective 12:01 A.M. Standard Time at the Insured's Mailing Address.

**3. COVERAGE:**

A. Workers' Compensation Insurance: Part One of the Policy applies to the Workers' Compensation Law of the States Listed here:

AL AR AZ CA CO CT DE FL GA IL IN KS KY LA MA MD ME MI MN MO  
MS NC NE NH NJ NM NV NY OK PA RI SC TN TX UT VA VT WV

B. Employers' Liability Insurance: Part Two of the Policy applies to work in each state listed in Item 3A. The Limits of our liability under Part Two are:

Bodily Injury by Accident:	\$ 1,000,000	Each Accident
Bodily Injury by Disease:	\$ 1,000,000	Policy Limit
Bodily Injury by Disease:	\$ 1,000,000	Each Employee

C. Other States Insurance: Part Three of the Policy applies to All States of the United States, except those listed in Item 3A above and in: ND, OH, WA, WY and in any additional states listed below:

D. This Policy includes these Endorsements and Schedules:

As per schedule of forms and endorsements.

4. THE PREMIUM for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit. See Extension of Information Page.

**AGENCY BILL****Minimum Premium:** \$ 1,120**Audit Period:** ANNUAL**Total Estimated****Annual Cost:** \$ 771,088**Deposit Premium:** \$ 214,042**Issued At:** LOS ANGELES CA**Date:** 12-03-10\_\_\_\_\_  
DATE\_\_\_\_\_  
Authorized Representative

Policy Number  
4065807203

SCHEDULE OF NAMED INSURED  
UNITED STATES FIRE INSURANCE COMPANY

Named Insured NSIGHT HEALTH SERVICES CORP.

Effective Date: 12-05-10

Agent Name MARSH USA, INC.

12:01 A.M., Standard Time  
Agent No. 36792

WC 00 00 01 C (cont.)

THE NAMED INSURED ON FORM WC 00 00 01 C IS AMENDED TO READ:

NSIGHT HEALTH SERVICES CORP.  
INSIGHT HEALTH CORP.  
DBA: ADVANCED MRI OF  
PLEASANTON  
DBA: BILTMORE ADVANCED IMAGING  
CENTER  
DBA: DOC CT  
DBA: DOWNEY MRI CENTER  
DBA: FREMONT IMAGING CENTER  
DBA: GATEWAY IMAGING CENTER  
DBA: HARBOR/UCLA SPEC IMAGING  
CENTER  
DBA: HARBOR-UCLA DIAGNOSTIC  
CENTER  
DBA: HOLY CROSS IMAGING CENTER  
DBA: HOLY CROSS MAGNETIC  
RESONANCE CENTER  
DBA: INSIGHT DIAGNOSTIC CENTER  
- EIGHTH AVENUE PET/CT  
DBA: INSIGHT IMAGING  
DBA: INSIGHT IMAGING - LOS  
GATOS MRI  
DBA: INSIGHT IMAGING -  
AHWATUKEE  
DBA: INSIGHT IMAGING - ALAMO  
DBA: INSIGHT IMAGING -  
ARLINGTON  
DBA: INSIGHT IMAGING -  
ARROWHEAD  
DBA: INSIGHT IMAGING -  
BILTMORE  
DBA: INSIGHT IMAGING -  
CAMELBACK  
DBA: INSIGHT IMAGING -  
CAMELBACK MRI  
DBA: INSIGHT IMAGING - COUNTRY  
CLUB  
DBA: INSIGHT IMAGING - DEL SOL  
DBA: INSIGHT IMAGING -  
DIAGNOSTIC SERVICES OF FREMONT  
DBA: INSIGHT IMAGING - FAIRFAX  
DBA: INSIGHT IMAGING -  
FOUNTAINS  
DBA: INSIGHT IMAGING -  
FOUNTAINS WOMEN'S CENTER  
DBA: INSIGHT IMAGING - GATEWAY  
DBA: INSIGHT IMAGING -  
GOODYEAR  
DBA: INSIGHT IMAGING - LOS  
GATOS MRI  
DBA: INSIGHT IMAGING -  
MCDOWELL MOUNTAIN  
DBA: INSIGHT IMAGING -  
MOUNTAIN DIAGNOSTICS  
DBA: INSIGHT IMAGING -  
MOUNTAIN VIEW MRI  
DBA: INSIGHT IMAGING - MRI OF  
CHELMSFORD

Policy Number  
4066807203

SCHEDULE OF NAMED INSURED  
UNITED STATES FIRE INSURANCE COMPANY

Named Insured NSIGHT HEALTH SERVICES CORP.

Effective Date: 12-05-10

Agent Name MARSH USA, INC.

12:01 A.M., Standard Time

Agent No. 36792

WC 00 00 01 C (cont.)

THE NAMED INSURED ON FORM WC 00 00 01 C IS AMENDED TO READ:

DBA: INSIGHT IMAGING -  
MURCHISON PARK  
DBA: INSIGHT IMAGING -  
MURFREESBORO  
DBA: INSIGHT IMAGING - OPEN  
MRI OF DEDHAM  
DBA: INSIGHT IMAGING - PATRIOT  
DBA: INSIGHT IMAGING -  
PLEASANTON  
DBA: INSIGHT IMAGING - SAN  
FRANCISCO SFMRC  
DBA: INSIGHT IMAGING - SUN  
VIEW  
DBA: INSIGHT IMAGING - SUN  
VIEW XRAY  
DBA: INSIGHT IMAGING - THOMAS  
MRI  
DBA: INSIGHT IMAGING - THOMAS  
ROAD  
DBA: INSIGHT IMAGING -  
THUNDERBIRD MRI & PET  
DBA: INSIGHT IMAGING - UPPER  
OHIO VALLEY LLC  
DBA: INSIGHT IMAGING -  
WASHINGTON  
DBA: INSIGHT IMAGING - WEST EL  
PASO  
DBA: INSIGHT IMAGING - WEST  
THUNDERBIRD  
DBA: INSIGHT IMAGING - WEST  
VALLEY  
DBA: INSIGHT IMAGING -  
WOODBIDGE  
DBA: INSIGHT IMAGING CENTER OF  
ARLINGTON  
DBA: INSIGHT MOUNTAIN  
DIAGNOSTICS  
DBA: JEFFERSON IMAGING -  
LANGHOME  
DBA: LOS GATOS MRI  
DBA: MEDICAL IMAGING CENTER OF  
ARLINGTON  
DBA: MEDICAL IMAGING CENTER OF  
FAIRFAX  
DBA: MEDICAL IMAGING CENTER OF  
HUNTINGTON BEACH  
DBA: MOUNTAIN VIEW MRI  
DBA: MRI CENTER AT MARTIN  
LUTHER KING/DREW MEDICAL  
CENTER  
DBA: MRI CENTER AT OLIVE VIEW  
MEDICAL CENTER  
DBA: MRI OF CHELMSFORD  
DBA: OLIVE VIEW - UCLA IMAGING  
CENTER  
DBA: OPEN MRI OF DEDHAM  
DBA: OPEN MRI OF EAST MESA  
DBA: RANCHO LOS AMIGOS MRI

Policy Number  
4066807203

SCHEDULE OF NAMED INSURED  
UNITED STATES FIRE INSURANCE COMPANY

Named Insured NSIGHT HEALTH SERVICES CORP.

Effective Date: 12-05-10

Agent Name MARSH USA, INC.

12:01 A.M., Standard Time  
Agent No. 36792

WC 00 00 01 C (cont.)

THE NAMED INSURED ON FORM WC 00 00 01 C IS AMENDED TO READ:

CENTER  
DBA: REDWOOD CITY MRI  
DBA: SAN FRANCISCO MAGNETIC  
RESONANCE CENTER  
DBA: THE IMAGING CENTER AT  
MURFREESBORO  
DBA: THUNDERBIRD MRI & PET  
CENTER  
DBA: VALLEY MRI CENTER  
DBA: WOODBRIDGE MRI  
BMRI, LLC.  
CENTRAL MAINE MAGNETIC IMAGING  
ASSOCIATES  
DBA: CENTRAL MAINE IMAGING  
CENTER  
COMPREHENSIVE MEDICAL IMAGING  
CENTERS, INC.  
EAST BAY MEDICAL IMAGING, LLC  
DBA: INSIGHT IMAGING - EAST  
BAY  
ENCINITAS IMAGING CENTER, LLC  
DBA: ENCINITAS MRI CENTER  
GARFIELD IMAGING CENTER, LTD.  
DBA: INSIGHT IMAGING -  
GARFIELD  
GREATER WATERBURY IMAGING  
CENTER, L.P.  
INSIGHT-ARA, LLC  
DBA: INSIGHT IMAGING -  
WILLOWBEND  
INSIGHT PROSCAN, LLC  
DBA: POLARIS OPEN MRI  
INSIGHT - PREMIER HEALTH, LLC  
DBA: MOBILE IMAGING CONSORTIUM  
DBA: MARSHWOOD IMAGING CENTER  
DBA: OPEN MRI OF BANGOR  
DBA: OPEN MRI OF BRUNSWICK  
KESSLER IMAGING ASSOCIATES,  
LLC  
MAINE MOLECULAR IMAGING, LLC  
MAXUM HEALTH SERVICES CORP.  
MAXUM DIAGNOSTIC CENTERS  
DBA: INSIGHT DIAGNOSTIC CENTER  
- PRESTON ROAD  
DBA: INSIGHT DIAGNOSTIC CENTER  
- FOREST LANE  
DBA: INSIGHT DIAGNOSTIC CENTER  
- EIGHTH AVENUE  
DBA: INSIGHT DIAG EIGHTH AVE  
DBA: INSIGHT DIAG FOREST LN  
DBA: INSIGHT DIAG PRESTON  
NATIONAL MEDICAL IMAGING CORP.  
NORTH CAROLINA MOBILE IMAGING  
I, LLC  
NORTH CAROLINA MOBILE IMAGING  
II, LLC  
NORTH CAROLINA MOBILE IMAGING  
III, LLC



Policy Number  
4066807203

SCHEDULE OF NAMED INSURED  
UNITED STATES FIRE INSURANCE COMPANY

Named Insured NSIGHT HEALTH SERVICES CORP.

Effective Date: 12-05-10

Agent Name MARSH USA, INC.

12:01 A.M., Standard Time  
Agent No. 36792

WC 00 00 01 C (cont.)

THE NAMED INSURED ON FORM WC 00 00 01 C IS AMENDED TO READ:

NORTH CAROLINA MOBILE IMAGING  
IV, LLC  
NORTH CAROLINA MOBILE IMAGING  
V, LLC  
NORTH CAROLINA MOBILE IMAGING  
VI, LLC  
NORTH CAROLINA MOBILE IMAGING  
VII, LLC  
OPEN MRI, INC.  
DBA: OPEN MRI OF HAYWARD  
DBA: INSIGHT IMAGING - HAYWARD  
DBA: SOUTH COAST MRI CENTER  
DBA: INSIGHT IMAGING - SOUTH  
COAST  
ORANGE COUNTY REGIONAL PET  
CENTER - IRVINE, LLC  
PARKWAY IMAGING CENTER, LLC  
DBA: ORANGE COUNTY REGIONAL  
PET CENTER  
REVANA HEALTH CORP  
SIGNAL MEDICAL SERVICES, INC.  
SOUTHERN CONNECTICUT IMAGING  
CENTERS, LLC  
SURGICAL SPECIALTY IMAGING,  
LLC  
DBA: CAMELBACK SPECIALTY  
IMAGING  
TOMS RIVER IMAGING ASSOCIATES.  
L.P.  
DBA: OCEAN MEDICAL IMAGING  
CENTER  
DBA: OCEAN MEDICAL IMAGING  
CENTER - WEST  
DBA: OCEAN MEDICAL IMAGING  
WOMEN'S CENTER

## INSURER:

THE NORTH RIVER INSURANCE COMPANY  
HOME OFFICE: TOWNSHIP OF MORRIS, NJ  
A STOCK INSURANCE COMPANY

POLICY NO: 4066805934

RENEWAL OF: 4066804818

NCCI CO NO: 14508

INSURED ID

NO(S):

CLIENT NO: 1403273

## 1. THE INSURED AND MAILING ADDRESS:

INSIGHT HEALTH SERVICES  
(SEE NAMED INSURED ENDT)  
26250 ENTERPRISE COURT  
LAKE FOREST CA 92630

PRODUCER NO: 36792

PRODUCER NAME AND ADDRESS:

MARSH USA, INC.  
777 S. FIGUEROA STREET  
LOS ANGELES  
CA 90017-0000

INSURED ENTITY: CORPORATION

BUSINESS OF INSURED: MEDICAL LABORATORY, MFG. ELECTROMEDICAL EQUIPMENT

OTHER WORKPLACES NOT SHOWN ABOVE: (See Extension of Information Page)

## 2. POLICY PERIOD: FROM 12-05-2009 TO 12-05-2010

Effective 12:01 A.M. Standard Time at the Insured's Mailing Address.

## 3. COVERAGE:

A. Workers' Compensation Insurance: Part One of the Policy applies to the Workers' Compensation Law of the States Listed here:

AL AZ CA CT FL GA IL IN KS KY LA MA MD ME MI MN MO MS NC NH  
NJ NV NY OK PA RI SC TN TX VA VT WV

B. Employers' Liability Insurance: Part Two of the Policy applies to work in each state listed in Item 3A. The Limits of our liability under Part Two are:

Bodily Injury by Accident:	\$ 1,000,000	Each Accident
Bodily Injury by Disease:	\$ 1,000,000	Policy Limit
Bodily Injury by Disease:	\$ 1,000,000	Each Employee

C. Other States Insurance: Part Three of the Policy applies to All States of the United States, except those listed in Item 3A above and in: ND, OH, WA, WY and in any additional states listed below:

AR DE NE

D. This Policy includes these Endorsements and Schedules:

As per schedule of forms and endorsements.

## 4. THE PREMIUM for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit. See Extension of Information Page.

## AGENCY BILL

Minimum Premium: \$ 1,000  
Audit Period: ANNUAL

Total Estimated  
Annual Cost: \$ 749,802

Deposit Premium: \$ 208,632

Issued At: LOS ANGELES CA

Date: 12-11-09

DATE

Authorized Representative

**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  
INSURANCE POLICY - INFORMATION PAGE****INSURER:**

UNITED STATES FIRE INSURANCE COMPANY  
HOME OFFICE: MORRISTOWN, NJ  
A STOCK INSURANCE COMPANY

POLICY NO: 4066802559

RENEWAL OF: 4066801227

NCCI CO NO: 12777

INSURED ID

NO(S):

CLIENT NO: 1403273

**1. THE INSURED AND MAILING ADDRESS:**

INSIGHT HEALTH SERVICES  
(SEE NAMED INSURED ENDT)  
26250 ENTERPRISE COURT  
LAKE FOREST CA 92630

PRODUCER NO: 36792

PRODUCER NAME AND ADDRESS:

MARSH USA, INC.

777 S. FIGUEROA STREET

LOS ANGELES

CA 90017-0000

**INSURED ENTITY: CORPORATION****BUSINESS OF INSURED: MEDICAL LABORATORY, MFG. ELECTROMEDICAL EQUIPMENT**

OTHER WORKPLACES NOT SHOWN ABOVE: (See Extension of Information Page)

**2. POLICY PERIOD: FROM 12-05-2006 TO 12-05-2007**

Effective 12:01 A.M. Standard Time at the Insured's Mailing Address.

**3. COVERAGE:**

A. Workers' Compensation Insurance: Part One of the Policy applies to the Workers' Compensation Law of the States Listed here:

AL AR AZ CA CT DE FL GA IL IN KS KY LA MA MD ME MI MO MS NC  
NE NH NJ NV NY OK PA RI SC TN TX VA VT

B. Employers' Liability Insurance: Part Two of the Policy applies to work in each state listed in Item 3A. The Limits of our liability under Part Two are:

Bodily Injury by Accident:	\$ 1,000,000	Each Accident
Bodily Injury by Disease:	\$ 1,000,000	Policy Limit
Bodily Injury by Disease:	\$ 1,000,000	Each Employee

C. Other States Insurance: Part Three of the Policy applies to All States of the United States, except those listed in Item 3A above and in: ND, OH, WA, WV, WY and in any additional states listed below:  
MN

D. This Policy includes these Endorsements and Schedules:

As per schedule of forms and endorsements.

4. THE PREMIUM for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit. See Extension of Information Page.

**AGENCY BILL**

Minimum Premium: \$ 1,000  
Audit Period: ANNUAL

Total Estimated  
Annual Cost: \$ 467,242

Deposit Premium: \$ 141,865

Issued At: LOS ANGELES CA  
Date: 12-15-06

\_\_\_\_\_  
DATE\_\_\_\_\_  
Authorized Representative



CLIENT DEDUCTIBLE BILLING REPORT

CFI OFFICE: KANSAS CITY      PRODUCTION DATE: 04/19/2011      VALUATION DATE: 03/19/2011  
CLIENT NAME      INSIGHT HEALTH SERVICES CORP. INSIGHT HE      PRODUCER NAME      MARSH USA-LOS ANGELES  
& ADDRESS      26250 ENTERPRISE COURT      & ADDRESS      777 S. FIGUEROA STREET  
SUITE 100                LOS ANGELES CA 90017  
\*\*B\*\* LAKE FOREST CA 92630

POLICY NUMBER: 406 680255      WORKERS COMPENSATION      DEDUCTIBLE PROGRAM: CFI DEDUCTIBLE PROGRAM  
EFFECTIVE DATE: 12/05/2006      EXPIRATION DATE: 12/05/2007

POLICY DEDUCTIBLE INFORMATION

DEDUCTIBLE LIMIT: \$250,000      DEDUCTIBLE TYPE: MEDICAL & INDEMNITY      ALAE INCLUDED IN DED. RECOVERY: YES, COMBINED  
DEDUCTIBLE AGGREGATE APPLICABLE: YES      DEDUCTIBLE AGGREGATE AMOUNT: \$2,000,000  
DEDUCTIBLE AGGREGATE APPLICABLE TO MULTIPLE POLICIES OR POLICY YEARS: NO

COMMENTS:

DEDUCTIBLE LIMIT NOT APPLICABLE IN THE STATES OF: MN, WI

DEDUCTIBLE LIMIT OR ALAE VARIES IN OTHER STATES COVERED UNDER THIS POLICY: REFER TO ATTACHMENT

POLICY BILLING INFORMATION

TOTAL BILLABLE TO DATE: \$718,661.20      PRIOR BILLABLE: \$711,622.58      BILLABLE THIS MONTH: \$7,038.62

**INSURER:**UNITED STATES FIRE INSURANCE COMPANY  
HOME OFFICE: MORRISTOWN, NJ  
A STOCK INSURANCE COMPANY**POLICY NO:** 4066801227**RENEWAL OF:** 4060286649**NCCI CO NO:** 12777**INSURED ID****NO(S):****CLIENT NO:** 01403273**1. THE INSURED AND MAILING ADDRESS:**INSIGHT HEALTH SERVICES CORP.  
(SEE NAMED INSURED ENDT)  
26250 ENTERPRISE COURT  
LAKE FOREST CA 92630**PRODUCER NO:** 80379**PRODUCER NAME AND ADDRESS:**

AON RISK SVS OF MO

8182 MARYLAND AVE

ST. LOUIS

MO 63105-0000

**INSURED ENTITY:** CORPORATION**BUSINESS OF INSURED:** MEDICAL LABORATORY, MFG. ELECTROMEDICAL EQUIPMENT**OTHER WORKPLACES NOT SHOWN ABOVE:** (See Extension of Information Page)**2. POLICY PERIOD:** FROM 12-05-2005 TO 12-05-2006

Effective 12:01 A.M. Standard Time at the Insured's Mailing Address.

**3. COVERAGE:****A. Workers' Compensation Insurance:** Part One of the Policy applies to the Workers' Compensation Law of the States Listed here:AL AR AZ CA CT DE FL GA IL IN KS KY LA MA MD ME MI MN MO MS  
NC NE NH NJ NV NY OK PA RI SC TN TX VA VT**B. Employers' Liability Insurance:** Part Two of the Policy applies to work in each state listed in Item 3A. The Limits of our liability under Part Two are:

Bodily Injury by Accident:	\$ 1,000,000	Each Accident
Bodily Injury by Disease:	\$ 1,000,000	Policy Limit
Bodily Injury by Disease:	\$ 1,000,000	Each Employee

**C. Other States Insurance:** Part Three of the Policy applies to All States of the United States, except those listed in Item 3A above and in: ND, OH, WA, WV, WY and in any additional states listed below:**D. This Policy includes these Endorsements and Schedules:**  
As per schedule of forms and endorsements.**4. THE PREMIUM** for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit. See Extension of Information Page.**Minimum Premium:** \$ 1,245  
**Audit Period:** ANNUAL**Total Estimated**  
**Annual Cost:** \$ 777,149**Issued At:** CHICAGO IL  
**Date:** 12-09-05**Deposit Premium:** \$ 239,327\_\_\_\_\_  
DATE\_\_\_\_\_  
Authorized Representative



CLIENT DEDUCTIBLE BILLING REPORT

CFI OFFICE: KANSAS CITY      PRODUCTION DATE: 04/19/2011      VALUATION DATE: 03/19/2011

CLIENT NAME      INSIGHT HEALTH SERVICES CORP. INSIGHT HE      PRODUCER NAME      AON RISK SVS CENTRAL  
& ADDRESS      26250 ENTERPRISE COURT      & ADDRESS      8182 MARYLAND AVE  
SUITE 100                ST. LOUIS MO 63105

\*\*B\*\* LAKE FOREST CA 92630

POLICY NUMBER: 406 680122      WORKERS COMPENSATION      DEDUCTIBLE PROGRAM: CFI DEDUCTIBLE PROGRAM

EFFECTIVE DATE: 12/05/2005      EXPIRATION DATE: 12/05/2006

POLICY DEDUCTIBLE INFORMATION

DEDUCTIBLE LIMIT: \$250,000      DEDUCTIBLE TYPE: MEDICAL & INDEMNITY      ALAE INCLUDED IN DED. RECOVERY: YES, COMBINED

DEDUCTIBLE AGGREGATE APPLICABLE: YES      DEDUCTIBLE AGGREGATE AMOUNT: \$2,250,000

DEDUCTIBLE AGGREGATE APPLICABLE TO MULTIPLE POLICIES OR POLICY YEARS: NO

COMMENTS:

DEDUCTIBLE LIMIT NOT APPLICABLE IN THE STATES OF: WI

DEDUCTIBLE LIMIT OR ALAE VARIES IN OTHER STATES COVERED UNDER THIS POLICY: NOT APPLICABLE

POLICY BILLING INFORMATION

TOTAL BILLABLE TO DATE: \$680,296.79      PRIOR BILLABLE: \$680,296.79      BILLABLE THIS MONTH: \$0.00

**INSURER:**

UNITED STATES FIRE INSURANCE COMPANY  
HOME OFFICE: MORRISTOWN, NJ  
A STOCK INSURANCE COMPANY

**POLICY NO:** 4060286649**RENEWAL OF:** 4060286541**NCCI CO NO:** 12777**INSURED ID****NO(S):****CLIENT NO:** 1403273**1. THE INSURED AND MAILING ADDRESS:**

INSIGHT HEALTH SERVICES CORP.  
26250 ENTERPRISE COURT  
LAKE FOREST CA 92630

**PRODUCER NO:** 80379**PRODUCER NAME AND ADDRESS:**

AON RISK SVS OF MO  
8182 MARYLAND AVE  
ST. LOUIS

MO 63105-0000

**INSURED ENTITY:** CORPORATION**BUSINESS OF INSURED:** MEDICAL LABORATORY, MFG. ELECTROMEDICAL EQUIPMENT**OTHER WORKPLACES NOT SHOWN ABOVE:** (See Extension of Information Page)**2. POLICY PERIOD:** FROM 12-05-2004 TO 12-05-2005

Effective 12:01 A.M. Standard Time at the Insured's Mailing Address.

**3. COVERAGE:**

A. Workers' Compensation Insurance: Part One of the Policy applies to the Workers' Compensation Law of the States Listed here:

AL AR AZ CA CT FL GA IL IN KS KY LA MA MD ME MI MN MO MS NC  
NE NH NJ NV NY OK PA RI SC TN TX VA VT

B. Employers' Liability Insurance: Part Two of the Policy applies to work in each state listed in Item 3A. The Limits of our liability under Part Two are:

Bodily Injury by Accident:	\$ 1,000,000	Each Accident
Bodily Injury by Disease:	\$ 1,000,000	Policy Limit
Bodily Injury by Disease:	\$ 1,000,000	Each Employee

C. Other States Insurance: Part Three of the Policy applies to All States of the United States, except those listed in Item 3A above and in: ND, OH, WA, WV, WY and in any additional states listed below:

D. This Policy includes these Endorsements and Schedules:  
As per schedule of forms and endorsements.

**4. THE PREMIUM** for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit. See Extension of Information Page.**AGENCY BILL**

Minimum Premium: \$ 1,000  
Audit Period: ANNUAL

Total Estimated  
Annual Cost: \$ 759,402

Deposit Premium: \$ 208,674

Issued At: OVERLAND PARK KS  
Date: 12-16-04

\_\_\_\_\_  
DATE\_\_\_\_\_  
Authorized Representative



CLIENT DEDUCTIBLE BILLING REPORT

CFI OFFICE: KANSAS CITY

PRODUCTION DATE: 04/19/2011

VALUATION DATE: 03/19/2011

CLIENT NAME  
& ADDRESS  
INSIGHT HEALTH SERVICES CORP. INSIGHT HE  
26250 ENTERPRISE COURT  
SUITE 100

PRODUCER NAME  
& ADDRESS  
AON RISK SVS CENTRAL  
8182 MARYLAND AVE  
ST. LOUIS MO 63105

\*\*B\*\* LAKE FOREST CA 92630

POLICY NUMBER: 406 028664 WORKERS COMPENSATION

DEDUCTIBLE PROGRAM: CFI DEDUCTIBLE PROGRAM

EFFECTIVE DATE: 12/05/2004

EXPIRATION DATE: 12/05/2005

POLICY DEDUCTIBLE INFORMATION

DEDUCTIBLE LIMIT: \$250,000

DEDUCTIBLE TYPE: MEDICAL & INDEMNITY

ALAE INCLUDED IN DED. RECOVERY: YES, COMBINED

DEDUCTIBLE AGGREGATE APPLICABLE: YES

DEDUCTIBLE AGGREGATE AMOUNT: \$2,000,000

DEDUCTIBLE AGGREGATE APPLICABLE TO MULTIPLE POLICIES OR POLICY YEARS: NO

COMMENTS:

DEDUCTIBLE LIMIT NOT APPLICABLE IN THE STATES OF: WI

DEDUCTIBLE LIMIT OR ALAE VARIES IN OTHER STATES COVERED UNDER THIS POLICY: NOT APPLICABLE

POLICY BILLING INFORMATION

TOTAL BILLABLE TO DATE: \$320,344.07

PRIOR BILLABLE: \$320,331.42

BILLABLE THIS MONTH: \$12.65



**INSURER:**UNITED STATES FIRE INSURANCE COMPANY  
HOME OFFICE: NEW YORK, NY  
A STOCK INSURANCE COMPANY**POLICY NO:** 4060286541NEW BUSINESS  
NCCI CO NO: 12777  
INSURED ID  
NO(S):  
CLIENT NO: 1403273**1. THE INSURED AND MAILING ADDRESS:**INSIGHT HEALTH SERVICES CORP.  
(SEE NAMED INSURED ENDT)  
26250 ENTERPRISE WAY, SUITE 10  
LAKE FOREST CA 92630PRODUCER NO: 80379  
PRODUCER NAME AND ADDRESS:  
AON RISK SVS OF MO  
8182 MARYLAND AVE  
ST. LOUIS  
MO 63105-0000**INSURED ENTITY:** CORPORATION**BUSINESS OF INSURED:** MEDICAL LABORATORY, MFG. ELECTROMEDICAL EQUIP.  
**OTHER WORKPLACES NOT SHOWN ABOVE:** (See Extension of Information Page)**2. POLICY PERIOD:** FROM 12-05-2003 TO 12-05-2004

Effective 12:01 A.M. Standard Time at the Insured's Mailing Address.

**3. COVERAGE:****A. Workers' Compensation Insurance:** Part One of the Policy applies to the Workers' Compensation Law of the States Listed here:AL AR AZ CA CT FL GA IL IN KS KY LA MA MD ME MI MN MO MS NC  
NE NH NJ NV NY OK PA RI SC TN TX VT**B. Employers' Liability Insurance:** Part Two of the Policy applies to work in each state listed in Item 3A. The Limits of our liability under Part Two are:

Bodily Injury by Accident:	\$ 1,000,000	Each Accident
Bodily Injury by Disease:	\$ 1,000,000	Policy Limit
Bodily Injury by Disease:	\$ 1,000,000	Each Employee

**C. Other States Insurance:** Part Three of the Policy applies to All States of the United States, except those listed in Item 3A above and in: ND, OH, WA, WV, WY and in any additional states listed below:**D. This Policy includes these Endorsements and Schedules:**  
As per schedule of forms and endorsements.**4. THE PREMIUM** for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit. See Extension of Information Page.**AGENCY BILL**Minimum Premium: \$ 1,090  
Audit Period: ANNUALTotal Estimated  
Annual Cost: \$ 788,506

Deposit Premium: \$ 221,380

Issued At: OVERLAND PARK KS  
Date: 12-16-03\_\_\_\_\_  
DATE\_\_\_\_\_  
Authorized Representative



CLIENT DEDUCTIBLE BILLING REPORT

CFI OFFICE: KANSAS CITY      PRODUCTION DATE: 04/19/2011      VALUATION DATE: 03/19/2011  
CLIENT NAME: INSIGHT HEALTH SERVICES CORP. INSIGHT HE      PRODUCER NAME: AON RISK SVS CENTRAL  
& ADDRESS: 26250 ENTERPRISE COURT      & ADDRESS: 8182 MARYLAND AVE  
SUITE 100      ST. LOUIS MO 63105  
\*\*B\*\* LAKE FOREST CA 92630

POLICY NUMBER: 406 028654      WORKERS COMPENSATION      DEDUCTIBLE PROGRAM: CFI DEDUCTIBLE PROGRAM  
EFFECTIVE DATE: 12/05/2003      EXPIRATION DATE: 12/05/2004

POLICY DEDUCTIBLE INFORMATION

DEDUCTIBLE LIMIT: \$250,000      DEDUCTIBLE TYPE: MEDICAL & INDEMNITY      ALAE INCLUDED IN DED. RECOVERY: YES, COMBINED  
DEDUCTIBLE AGGREGATE APPLICABLE: YES      DEDUCTIBLE AGGREGATE AMOUNT: \$2,200,000  
DEDUCTIBLE AGGREGATE APPLICABLE TO MULTIPLE POLICIES OR POLICY YEARS: NO

COMMENTS:

DEDUCTIBLE LIMIT NOT APPLICABLE IN THE STATES OF: WI  
DEDUCTIBLE LIMIT OR ALAE VARIES IN OTHER STATES COVERED UNDER THIS POLICY: NOT APPLICABLE

POLICY BILLING INFORMATION

TOTAL BILLABLE TO DATE: \$430,062.45      PRIOR BILLABLE: \$430,062.45      BILLABLE THIS MONTH: \$0.00

Local Case  
10-16564

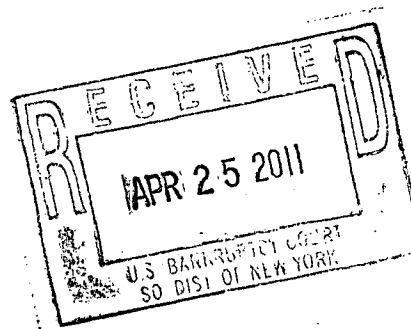
Gina M. Pontoriero  
Senior Corporate Counsel

305 Madison Avenue  
P.O. Box 1973  
Morristown, NJ 07962  
Direct: (973) 490-6822  
Fax: (973) 490-6849  
E-Mail: gina\_pontoriero@cfins.com

**Via Federal Express**

April 21, 2011

United States Bankruptcy Court  
Southern District of New York  
Manhattan Office  
One Bowling Green  
New York, NY 10004  
212-668-2870



**Re: North Carolina Mobile Imaging III LLC  
Case No. 10-16572-ajg**

Dear Sir/Madam:

Enclosed are two (2) copies of the Administrative Proof of Claim ("Claim") of United States Fire Insurance Company and The North River Insurance Company, collectively referred to as Crum & Forster, in the above action for filing.

Pursuant to the Court's 3/23/11 Order, the original copy of this Claim is being provided to BMC Group Inc. at the below address.

Note that Crum & Forster hereby submits this Claim and supporting documentation jointly and severally against all of the jointly administered debtors and thus submits for filing identical proofs of claim on the claims register for each Debtor. Kindly return a conformed copy of each Proof of Claim in the enclosed, self-addressed envelope.

Thank you for your attention to this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "Gina M. Pontoriero".

GINA M. PONTORIERO

Encls.

Copy (via Federal Express)

BMC Group Inc.  
Attn: Insight Health Services Claims Processing  
18750 Lake Drive East  
Chanhassen, MN 55317

UNITED STATES BANKRUPTCY COURT      Southern District of New York		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>North Carolina Mobile Imaging III LLC</b>		Case Number: <b>10-16572-ajg</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Crum &amp; Forster</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: <b>Gina M. Pontoriero, Esq. Crum &amp; Forster 305 Madison Ave, Box 1973 Morristown, NJ 07960</b> Telephone number: <b>(973)490-6822</b>		Court Claim Number: _____ (if known)  Filed on: _____
Name and address where payment should be sent (if different from above):  Telephone number:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed <u>\$6,610,105.49*</u>  If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or charges. * And, potential additional amounts. See Exhibit A.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).  <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( ).  Amount entitled to priority: \$ _____
2. Basis for Claim: <u>Insurance – premium and deductible payments</u> (See instructions #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>7203</u>  3a. Debtor may have scheduled account as: _____ (See instructions #3a on reverse side.)		
4. Secured Claim (See instructions #4 on reverse side). Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe: Letter of Credit, Escrow Monies, and right of setoff and/or off set, see Ex. A attached  Value of Property: \$ _____ Annual Interest Rate _____ %  Amount of arrearage and other charges as of time case filed included in secured claim, if any: <u>\$5,615,105.49</u> Basis for perfection: _____  Amount of Secured Claim: <u>\$995,000*</u> Amount Unsecured: <u>\$5,615,105.49</u> * And, potential additional amounts. See Exhibit A.		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attached redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:		* Amounts are subject to an adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
DATE: <u>4/21/11</u>  Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.   <b>Gina M. Pontoriero, Senior Corporate Counsel</b>		<b>FOR COURT USE ONLY</b>  

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

*The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.*

**Items to be completed in Proof of Claim form****Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

**Creditor's Name and Address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**1. Amount of Claim as of Date Case Filed:**

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

**2. Basis for Claim:**

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

**3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:**

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

**3a. Debtor May Have Scheduled Account As:**

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

**4. Secured Claim:**

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

**5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).**

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

**6. Credits:**

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

**7. Documents:**

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

**Date and Signature:**

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

**DEFINITIONS****Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

**Creditor**

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

**Claim**

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

**Proof of Claim**

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

**Secured Claim Under 11 U.S.C. §506(a)**

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

**Unsecured Claim**

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

**Claim Entitled to Priority Under 11 U.S.C. §507(a)**

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

**Redacted**

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

**Evidence of Perfection**

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

**INFORMATION****Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system ([www.pacer.psc.uscourts.gov](http://www.pacer.psc.uscourts.gov)) for a small fee to view your filed proof of claim.

**Offers to Purchase a Claim**

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

**Exhibit A: Summary of Administrative Claim**  
**North Carolina Mobile Imaging III LLC**  
**Case No. 10-16572-ajg**

"Crum & Forster" is a registered trademark of United States Fire Insurance Company ("U.S. Fire"). The Crum & Forster group of companies includes, among other entities, U.S. Fire and the North River Insurance Company (collectively, "Crum & Forster"). Crum & Forster hereby submits this administrative proof of claim and supporting documentation jointly and severally against all of the jointly administered debtors ("Debtor"), and thus has filed identical proofs of claim on the claims register for each Debtor.

The Crum & Forster insurance policies, as set forth infra, have been assumed under the Chapter 11 Plan. Crum & Forster files this contingent administrative claim for installment payments and deductible billings that will become due in the future. Crum & Forster understands that these monies will be paid in the ordinary course and files this claim as a protective measure.

U.S. Fire issued policy number 406-6807203 with an effective term of 12/5/10-12/5/11. The estimated premium for this policy in the amount of \$771,088 is payable in a deposit in the amount of \$214,042, and equal monthly installments due thereafter in the amount of \$61,894. The policy is subject to premium audit at the end of policy termination. Debtor has paid the deposit premium, and as of the time of submitting this proof of claim, is not delinquent in its installment plan. If the Debtor pays the installments and if a premium audit at policy expiration results in a return of premium to the Debtor, U.S. Fire will assert a right of setoff and/or off set with respect to the premium return. This right of setoff and/or off set will be applied to the above referenced installments due and owing, if any, the additional premium that may become due at audit, and/or to any amounts due under the coverage described below. In the meantime, \$309,470.00 remains due on installment.

The North River Insurance Company issued policy number 406-6805934 with an effective term of 12/5/09-12/5/10. The estimated premium for this policy in the amount of \$749,082 has been paid. The policy is subject to premium audit on expiration. The audit has recently taken place and is being processed. North River reserves its rights of setoff and/or off set with respect to the premium return. This right of setoff and/or off set will be applied to the above referenced installments due and owing, if any, and/or to any amounts due under the coverage described below.

U.S. Fire issued policy number 406-6802559 with an effective term of 12/5/06-12/5/07. The policy is subject to a \$250,000 per claimant deductible and a deductible aggregate amount of \$2M. Currently, Debtor has remitted deductible payments in the amount of \$718,661.20, leaving a potential deductible aggregate in the amount of \$1,281,338.80 (\$2M-\$718,661.20). U.S. Fire expects that this deductible aggregate will increase over time.

U.S. Fire issued policy number 406-6801227 with an effective term of 12/5/05-12/5/06. The policy is subject to a \$250,000 per claimant deductible and a deductible aggregate amount of \$2,250,000. Currently, Debtor has remitted deductible payments in the amount of \$680,296.79,

leaving a potential deductible aggregate in the amount of \$1,569,703.21 (\$2,250,000-\$680,296.79). U.S. Fire expects that this deductible aggregate will increase over time.

U.S. Fire issued policy number 406-0286649 with an effective term of 12/5/04-12/5/05. The policy is subject to a \$250,000 per claimant deductible and a deductible aggregate amount of \$2M. Currently, Debtor has remitted deductible payments in the amount of \$320,344.07, leaving a potential deductible aggregate in the amount of \$1,679,655.93 (\$2M-\$320,344.07). U.S. Fire expects that this deductible aggregate will increase over time.

U.S. Fire issued policy number 406-0286541 with an effective term of 12/5/03-12/5/04. The policy is subject to a \$250,000 per claimant deductible and a deductible aggregate amount of \$2.2M. Currently, Debtor has remitted deductible payments in the amount of \$430,062.45, leaving a potential deductible aggregate in the amount of \$1,769,937.55 (\$2.2M-\$430,062.45). U.S. Fire expects that this deductible aggregate will increase over time.

Crum & Forster therefore files this contingent claim in the amount of \$6,610,105.49 (\$309,470 + \$1,281,338.80 + \$1,569,703.21 + \$1,679,655.93 + \$1,769,937.55). Crum & Forster is a secured creditor because it holds \$995,000 in collateral (\$875,000 in LOC and \$120,000 in escrow monies). Crum & Forster also files this Proof of Claim as an unsecured creditor for any monies due from Debtor which exceeds the collateral.

As of the time of submitting this proof of claim, there are no outstanding amounts due by Debtor. Additional amounts will, however, be due in the future. Crum & Forster reserves its right to file amended proofs of claim.

The referenced declaration pages and supporting documentation are attached hereto and incorporated herein by reference.

**INSURER:**

UNITED STATES FIRE INSURANCE COMPANY  
HOME OFFICE: MORRISTOWN, NJ  
A STOCK INSURANCE COMPANY

**POLICY NO:** 4066807203**RENEWAL OF:** 4066805934**NCCI CO NO:** 12777**INSURED ID****NO(S):****CLIENT NO:** 01403273**1. THE INSURED AND MAILING ADDRESS:**

NSIGHT HEALTH SERVICES CORP.  
(SEE NAMED INSURED ENDT)  
26250 ENTERPRISE COURT  
LAKE FOREST CA 92630

**PRODUCER NO:** 36792**PRODUCER NAME AND ADDRESS:**

MARSH USA, INC.  
777 S. FIGUEROA STREET  
LOS ANGELES  
CA 90017-0000

**INSURED ENTITY:** CORPORATION**BUSINESS OF INSURED:** MEDICAL LABORATORY, MFG. ELECTROMEDICAL EQUIPMENT**OTHER WORKPLACES NOT SHOWN ABOVE:** (See Extension of Information Page)**2. POLICY PERIOD:** FROM 12-05-2010 TO 12-05-2011

Effective 12:01 A.M. Standard Time at the Insured's Mailing Address.

**3. COVERAGE:**

A. Workers' Compensation Insurance: Part One of the Policy applies to the Workers' Compensation Law of the States Listed here:

AL AR AZ CA CO CT DE FL GA IL IN KS KY LA MA MD ME MI MN MO  
MS NC NE NH NJ NM NV NY OK PA RI SC TN TX UT VA VT WV

B. Employers' Liability Insurance: Part Two of the Policy applies to work in each state listed in Item 3A. The Limits of our liability under Part Two are:

Bodily Injury by Accident:	\$ 1,000,000	Each Accident
Bodily Injury by Disease:	\$ 1,000,000	Policy Limit
Bodily Injury by Disease:	\$ 1,000,000	Each Employee

C. Other States Insurance: Part Three of the Policy applies to All States of the United States, except those listed in Item 3A above and in: ND, OH, WA, WY and in any additional states listed below:

D. This Policy includes these Endorsements and Schedules:

As per schedule of forms and endorsements.

4. THE PREMIUM for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit. See Extension of Information Page.

**AGENCY BILL**

Minimum Premium: \$ 1,120  
Audit Period: ANNUAL

Total Estimated  
Annual Cost: \$ 771,088

Deposit Premium: \$ 214,042

Issued At: LOS ANGELES CA

Date: 12-03-10

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DATE

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Authorized Representative



Policy Number  
4066807203

SCHEDULE OF NAMED INSURED  
UNITED STATES FIRE INSURANCE COMPANY

Named Insured NSIGHT HEALTH SERVICES CORP.

Effective Date: 12-05-10

Agent Name MARSH USA, INC.

12:01 A.M., Standard Time

Agent No. 36792

WC 00 00 01 C (cont.)

THE NAMED INSURED ON FORM WC 00 00 01 C IS AMENDED TO READ:

NSIGHT HEALTH SERVICES CORP.  
INSIGHT HEALTH CORP.  
DBA: ADVANCED MRI OF  
PLEASANTON  
DBA: BILTMORE ADVANCED IMAGING  
CENTER  
DBA: DOC CT  
DBA: DOWNEY MRI CENTER  
DBA: FREMONT IMAGING CENTER  
DBA: GATEWAY IMAGING CENTER  
DBA: HARBOR/UCLA SPEC IMAGING  
CENTER  
DBA: HARBOR-UCLA DIAGNOSTIC  
CENTER  
DBA: HOLY CROSS IMAGING CENTER  
DBA: HOLY CROSS MAGNETIC  
RESONANCE CENTER  
DBA: INSIGHT DIAGNOSTIC CENTER  
- EIGHTH AVENUE PET/CT  
DBA: INSIGHT IMAGING  
DBA: INSIGHT IMAGING - LOS  
GATOS MRI  
DBA: INSIGHT IMAGING -  
AEWATUKEE  
DBA: INSIGHT IMAGING - ALAMO  
DBA: INSIGHT IMAGING -  
ARLINGTON  
DBA: INSIGHT IMAGING -  
ARROWHEAD  
DBA: INSIGHT IMAGING -  
BILTMORE  
DBA: INSIGHT IMAGING -  
CAMELBACK  
DBA: INSIGHT IMAGING -  
CAMELBACK MRI  
DBA: INSIGHT IMAGING - COUNTRY  
CLUB  
DBA: INSIGHT IMAGING - DEL SOL  
DBA: INSIGHT IMAGING -  
DIAGNOSTIC SERVICES OF FREMONT  
DBA: INSIGHT IMAGING - FAIRFAX  
DBA: INSIGHT IMAGING -  
FOUNTAINS  
DBA: INSIGHT IMAGING -  
FOUNTAINS WOMEN'S CENTER  
DBA: INSIGHT IMAGING - GATEWAY  
DBA: INSIGHT IMAGING -  
GOODYEAR  
DBA: INSIGHT IMAGING - LOS  
GATOS MRI  
DBA: INSIGHT IMAGING -  
MCDOWELL MOUNTAIN  
DBA: INSIGHT IMAGING -  
MOUNTAIN DIAGNOSTICS  
DBA: INSIGHT IMAGING -  
MOUNTAIN VIEW MRI  
DBA: INSIGHT IMAGING - MRI OF  
CHELMSFORD

Policy Number  
4066807203

SCHEDULE OF NAMED INSURED  
UNITED STATES FIRE INSURANCE COMPANY

Named Insured NSIGHT HEALTH SERVICES CORP.

Effective Date: 12-05-10

Agent Name MARSH USA, INC.

12:01 A.M., Standard Time  
Agent No. 36792

WC 00 00 01 C (cont.)

THE NAMED INSURED ON FORM WC 00 00 01 C IS AMENDED TO READ:

DBA: INSIGHT IMAGING -  
MURCHISON PARK  
DBA: INSIGHT IMAGING -  
MURFREESBORO  
DBA: INSIGHT IMAGING - OPEN  
MRI OF DEDHAM  
DBA: INSIGHT IMAGING - PATRIOT  
DBA: INSIGHT IMAGING -  
PLEASANTON  
DBA: INSIGHT IMAGING - SAN  
FRANCISCO SFMRC  
DBA: INSIGHT IMAGING - SUN  
VIEW  
DBA: INSIGHT IMAGING - SUN  
VIEW XRAY  
DBA: INSIGHT IMAGING - THOMAS  
MRI  
DBA: INSIGHT IMAGING - THOMAS  
ROAD  
DBA: INSIGHT IMAGING -  
THUNDERBIRD MRI & PET  
DBA: INSIGHT IMAGING - UPPER  
OHIO VALLEY LLC  
DBA: INSIGHT IMAGING -  
WASHINGTON  
DBA: INSIGHT IMAGING - WEST EL  
PASO  
DBA: INSIGHT IMAGING - WEST  
THUNDERBIRD  
DBA: INSIGHT IMAGING - WEST  
VALLEY  
DBA: INSIGHT IMAGING -  
WOODBIDGE  
DBA: INSIGHT IMAGING CENTER OF  
ARLINGTON  
DBA: INSIGHT MOUNTAIN  
DIAGNOSTICS  
DBA: JEFFERSON IMAGING -  
LANGHOM  
DBA: LOS GATOS MRI  
DBA: MEDICAL IMAGING CENTER OF  
ARLINGTON  
DBA: MEDICAL IMAGING CENTER OF  
FAIRFAX  
DBA: MEDICAL IMAGING CENTER OF  
HUNTINGTON BEACH  
DBA: MOUNTAIN VIEW MRI  
DBA: MRI CENTER AT MARTIN  
LUTHER KING/DREW MEDICAL  
CENTER  
DBA: MRI CENTER AT OLIVE VIEW  
MEDICAL CENTER  
DBA: MRI OF CHELMSFORD  
DBA: OLIVE VIEW - UCLA IMAGING  
CENTER  
DBA: OPEN MRI OF DEDHAM  
DBA: OPEN MRI OF EAST MESA  
DBA: RANCHO LOS AMIGOS MRI

Policy Number  
4066807203

SCHEDULE OF NAMED INSURED  
UNITED STATES FIRE INSURANCE COMPANY

Named Insured NSIGHT HEALTH SERVICES CORP.

Effective Date: 12-05-10

Agent Name MARSH USA, INC.

12:01 A.M., Standard Time  
Agent No. 36792

WC 00 00 01 C (cont.)

THE NAMED INSURED ON FORM WC 00 00 01 C IS AMENDED TO READ:

CENTER  
DBA: REDWOOD CITY MRI  
DBA: SAN FRANCISCO MAGNETIC  
RESONANCE CENTER  
DBA: THE IMAGING CENTER AT  
MURFREESBORO  
DBA: THUNDERBIRD MRI & PET  
CENTER  
DBA: VALLEY MRI CENTER  
DBA: WOODBRIDGE MRI  
BMRI, LLC.  
CENTRAL MAINE MAGNETIC IMAGING  
ASSOCIATES  
DBA: CENTRAL MAINE IMAGING  
CENTER  
COMPREHENSIVE MEDICAL IMAGING  
CENTERS, INC.  
EAST BAY MEDICAL IMAGING, LLC  
DBA: INSIGHT IMAGING - EAST  
BAY  
ENCINITAS IMAGING CENTER, LLC  
DBA: ENCINITAS MRI CENTER  
GARFIELD IMAGING CENTER, LTD.  
DBA: INSIGHT IMAGING -  
GARFIELD  
GREATER WATERBURY IMAGING  
CENTER, L.P.  
INSIGHT-ARA, LLC  
DBA: INSIGHT IMAGING -  
WILLOWBEND  
INSIGHT PROSCAN, LLC  
DBA: POLARIS OPEN MRI  
INSIGHT - PREMIER HEALTH, LLC  
DBA: MOBILE IMAGING CONSORTIUM  
DBA: MARSHWOOD IMAGING CENTER  
DBA: OPEN MRI OF BANGOR  
DBA: OPEN MRI OF BRUNSWICK  
KESSLER IMAGING ASSOCIATES,  
LLC  
MAINE MOLECULAR IMAGING, LLC  
MAXUM HEALTH SERVICES CORP.  
MAXUM DIAGNOSTIC CENTERS  
DBA: INSIGHT DIAGNOSTIC CENTER  
- PRESTON ROAD  
DBA: INSIGHT DIAGNOSTIC CENTER  
- FOREST LANE  
DBA: INSIGHT DIAGNOSTIC CENTER  
- EIGHTH AVENUE  
DBA: INSIGHT DIAG EIGHTH AVE  
DBA: INSIGHT DIAG FOREST LN  
DBA: INSIGHT DIAG PRESTON  
NATIONAL MEDICAL IMAGING CORP.  
NORTH CAROLINA MOBILE IMAGING  
I, LLC  
NORTH CAROLINA MOBILE IMAGING  
II, LLC  
NORTH CAROLINA MOBILE IMAGING  
III, LLC

Policy Number  
4066807203

SCHEDULE OF NAMED INSURED  
UNITED STATES FIRE INSURANCE COMPANY

Named Insured INSIGHT HEALTH SERVICES CORP.

Effective Date: 12-05-10

Agent Name MARSH USA, INC.

12:01 A.M., Standard Time

Agent No. 36792

WC 00 00 01 C (cont.)

THE NAMED INSURED ON FORM WC 00 00 01 C IS AMENDED TO READ:

NORTH CAROLINA MOBILE IMAGING  
IV, LLC  
NORTH CAROLINA MOBILE IMAGING  
V, LLC  
NORTH CAROLINA MOBILE IMAGING  
VI, LLC  
NORTH CAROLINA MOBILE IMAGING  
VII, LLC  
OPEN MRI, INC.  
DBA: OPEN MRI OF HAYWARD  
DBA: INSIGHT IMAGING - HAYWARD  
DBA: SOUTH COAST MRI CENTER  
DBA: INSIGHT IMAGING - SOUTH  
COAST  
ORANGE COUNTY REGIONAL PET  
CENTER - IRVINE, LLC  
PARKWAY IMAGING CENTER, LLC  
DBA: ORANGE COUNTY REGIONAL  
PET CENTER  
REVANA HEALTH CORP  
SIGNAL MEDICAL SERVICES, INC.  
SOUTHERN CONNECTICUT IMAGING  
CENTERS, LLC  
SURGICAL SPECIALTY IMAGING,  
LLC  
DBA: CAMELBACK SPECIALTY  
IMAGING  
TOMS RIVER IMAGING ASSOCIATES.  
L.P.  
DBA: OCEAN MEDICAL IMAGING  
CENTER  
DBA: OCEAN MEDICAL IMAGING  
CENTER - WEST  
DBA: OCEAN MEDICAL IMAGING  
WOMEN'S CENTER

## INSURER:

THE NORTH RIVER INSURANCE COMPANY  
HOME OFFICE: TOWNSHIP OF MORRIS, NJ  
A STOCK INSURANCE COMPANY

POLICY NO: 4066805934

RENEWAL OF: 4066804818

NCCI CO NO: 14508

INSURED ID:

NO(S):

CLIENT NO: 1403273

## 1. THE INSURED AND MAILING ADDRESS:

INSIGHT HEALTH SERVICES  
(SEE NAMED INSURED ENDT)  
26250 ENTERPRISE COURT  
LAKE FOREST CA 92630

PRODUCER NO: 36792

PRODUCER NAME AND ADDRESS:

MARSH USA, INC.  
777 S. FIGUEROA STREET  
LOS ANGELES  
CA 90017-0000

INSURED ENTITY: CORPORATION

BUSINESS OF INSURED: MEDICAL LABORATORY, MFG. ELECTROMEDICAL EQUIPMENT

OTHER WORKPLACES NOT SHOWN ABOVE: (See Extension of Information Page)

## 2. POLICY PERIOD: FROM 12-05-2009 TO 12-05-2010

Effective 12:01 A.M. Standard Time at the Insured's Mailing Address.

## 3. COVERAGE:

A. Workers' Compensation Insurance: Part One of the Policy applies to the Workers' Compensation Law of the States Listed here:

AL AZ CA CT FL GA IL IN KS KY LA MA MD ME MI MN MO MS NC NH  
NJ NV NY OK PA RI SC TN TX VA VT WV

B. Employers' Liability Insurance: Part Two of the Policy applies to work in each state listed in Item 3A. The Limits of our liability under Part Two are:

Bodily Injury by Accident:	\$ 1,000,000	Each Accident
Bodily Injury by Disease:	\$ 1,000,000	Policy Limit
Bodily Injury by Disease:	\$ 1,000,000	Each Employee

C. Other States Insurance: Part Three of the Policy applies to All States of the United States, except those listed in Item 3A above and in: ND, OH, WA, WY and in any additional states listed below:

AR DE NE

D. This Policy includes these Endorsements and Schedules:

As per schedule of forms and endorsements.

## 4. THE PREMIUM for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit. See Extension of Information Page.

## AGENCY BILL

Minimum Premium: \$ 1,000  
Audit Period: ANNUAL

Total Estimated  
Annual Cost: \$ 749,802

Deposit Premium: \$ 208,632

Issued At: LOS ANGELES CA

Date: 12-11-09

DATE

Authorized Representative

**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  
INSURANCE POLICY - INFORMATION PAGE****INSURER:**

UNITED STATES FIRE INSURANCE COMPANY  
HOME OFFICE: MORRISTOWN, NJ  
A STOCK INSURANCE COMPANY

POLICY NO: 4066802559

RENEWAL OF: 4066801227

NCCI CO NO: 12777

INSURED ID

NO(S):

CLIENT NO: 1403273

**1. THE INSURED AND MAILING ADDRESS:**

INSIGHT HEALTH SERVICES  
(SEE NAMED INSURED ENDT)  
26250 ENTERPRISE COURT  
LAKE FOREST CA 92630

PRODUCER NO: 36792

PRODUCER NAME AND ADDRESS:

MARSH USA, INC.  
777 S. FIGUEROA STREET  
LOS ANGELES  
CA 90017-0000

INSURED ENTITY: CORPORATION

BUSINESS OF INSURED: MEDICAL LABORATORY, MFG. ELECTROMEDICAL EQUIPMENT

OTHER WORKPLACES NOT SHOWN ABOVE: (See Extension of Information Page)

**2. POLICY PERIOD: FROM 12-05-2006 TO 12-05-2007**

Effective 12:01 A.M. Standard Time at the Insured's Mailing Address.

**3. COVERAGE:**

A. Workers' Compensation Insurance: Part One of the Policy applies to the Workers' Compensation Law of the States Listed here:

AL AR AZ CA CT DE FL GA IL IN KS KY LA MA MD ME MI MO MS NC  
NE NH NJ NV NY OK PA RI SC TN TX VA VT

B. Employers' Liability Insurance: Part Two of the Policy applies to work in each state listed in Item 3A. The Limits of our liability under Part Two are:

Bodily Injury by Accident:	\$ 1,000,000	Each Accident
Bodily Injury by Disease:	\$ 1,000,000	Policy Limit
Bodily Injury by Disease:	\$ 1,000,000	Each Employee

C. Other States Insurance: Part Three of the Policy applies to All States of the United States, except those listed in Item 3A above and in: ND, OH, WA, WV, WY and in any additional states listed below:

MN

D. This Policy includes these Endorsements and Schedules:  
As per schedule of forms and endorsements.

**4. THE PREMIUM for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit. See Extension of Information Page.****AGENCY BILL**

Minimum Premium: \$ 1,000  
Audit Period: ANNUAL

Total Estimated  
Annual Cost: \$ 467,242

Deposit Premium: \$ 141,865

Issued At: LOS ANGELES CA  
Date: 12-15-06

DATE

Authorized Representative



CLIENT DEDUCTIBLE BILLING REPORT

CFI OFFICE: KANSAS CITY      PRODUCTION DATE: 04/19/2011      VALUATION DATE: 03/19/2011  
CLIENT NAME      INSIGHT HEALTH SERVICES CORP. INSIGHT HE      PRODUCER NAME      MARSH USA-LOS ANGELES  
& ADDRESS      26250 ENTERPRISE COURT      & ADDRESS      777 S. FIGUEROA STREET  
SUITE 100                LOS ANGELES CA 90017  
\*\*B\*\* LAKE FOREST CA 92630  
POLICY NUMBER: 406 680255      WORKERS COMPENSATION      DEDUCTIBLE PROGRAM: CFI DEDUCTIBLE PROGRAM  
EFFECTIVE DATE: 12/05/2006      EXPIRATION DATE: 12/05/2007

POLICY DEDUCTIBLE INFORMATION

DEDUCTIBLE LIMIT: \$250,000      DEDUCTIBLE TYPE: MEDICAL & INDEMNITY      ALAE INCLUDED IN DED. RECOVERY: YES, COMBINED  
DEDUCTIBLE AGGREGATE APPLICABLE: YES      DEDUCTIBLE AGGREGATE AMOUNT: \$2,000,000  
DEDUCTIBLE AGGREGATE APPLICABLE TO MULTIPLE POLICIES OR POLICY YEARS: NO

COMMENTS:

DEDUCTIBLE LIMIT NOT APPLICABLE IN THE STATES OF: MN, WI

DEDUCTIBLE LIMIT OR ALAE VARIES IN OTHER STATES COVERED UNDER THIS POLICY: REFER TO ATTACHMENT

POLICY BILLING INFORMATION

TOTAL BILLABLE TO DATE: \$718,661.20      PRIOR BILLABLE: \$711,622.58      BILLABLE THIS MONTH: \$7,038.62

**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  
INSURANCE POLICY - INFORMATION PAGE****INSURER:**

UNITED STATES FIRE INSURANCE COMPANY  
HOME OFFICE: MORRISTOWN, NJ  
A STOCK INSURANCE COMPANY

POLICY NO: 4066801227

RENEWAL OF: 4060286649

NCCI CO NO: 12777

INSURED ID

NO(S):

CLIENT NO: 01403273

**1. THE INSURED AND MAILING ADDRESS:**

INSIGHT HEALTH SERVICES CORP.  
(SEE NAMED INSURED ENDT)  
26250 ENTERPRISE COURT  
LAKE FOREST CA 92630

PRODUCER NO: 80379

PRODUCER NAME AND ADDRESS:

AON RISK SVS OF MO

8182 MARYLAND AVE

ST. LOUIS

MO 63105-0000

INSURED ENTITY: CORPORATION

BUSINESS OF INSURED: MEDICAL LABORATORY, MFG. ELECTROMEDICAL EQUIPMENT

OTHER WORKPLACES NOT SHOWN ABOVE: (See Extension of Information Page)

**2. POLICY PERIOD: FROM 12-05-2005 TO 12-05-2006**

Effective 12:01 A.M. Standard Time at the Insured's Mailing Address.

**3. COVERAGE:**

A. Workers' Compensation Insurance: Part One of the Policy applies to the Workers' Compensation Law of the States Listed here:

AL AR AZ CA CT DE FL GA IL IN KS KY LA MA MD ME MI MN MO MS  
NC NE NH NJ NV NY OK PA RI SC TN TX VA VT

B. Employers' Liability Insurance: Part Two of the Policy applies to work in each state listed in Item 3A. The Limits of our liability under Part Two are:

Bodily Injury by Accident:	\$ 1,000,000	Each Accident
Bodily Injury by Disease:	\$ 1,000,000	Policy Limit
Bodily Injury by Disease:	\$ 1,000,000	Each Employee

C. Other States Insurance: Part Three of the Policy applies to All States of the United States, except those listed in Item 3A above and in: ND, OH, WA, WV, WY and in any additional states listed below:

D. This Policy includes these Endorsements and Schedules:  
As per schedule of forms and endorsements.

**4. THE PREMIUM for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit. See Extension of Information Page.****AGENCY BILL**

Minimum Premium: \$ 1,245  
Audit Period: ANNUAL

Total Estimated  
Annual Cost: \$ 777,149

Deposit Premium: \$ 239,327

Issued At: CHICAGO IL  
Date: 12-09-05

DATE

Authorized Representative

WC 00 00 01 A (2/90)

WC 00 00 01 C (7/97)

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CLIENT DEDUCTIBLE BILLING REPORT

CFI OFFICE: KANSAS CITY      PRODUCTION DATE: 04/19/2011      VALUATION DATE: 03/19/2011  
CLIENT NAME: INSIGHT HEALTH SERVICES CORP. INSIGHT HE      PRODUCER NAME: AON RISK SVS CENTRAL  
& ADDRESS: 26250 ENTERPRISE COURT      & ADDRESS: 8182 MARYLAND AVE  
SUITE 100      ST. LOUIS MO 63105  
\*\*B\*\* LAKE FOREST CA 92630

POLICY NUMBER: 406 680122      WORKERS COMPENSATION      DEDUCTIBLE PROGRAM: CFI DEDUCTIBLE PROGRAM  
EFFECTIVE DATE: 12/05/2005      EXPIRATION DATE: 12/05/2006

POLICY DEDUCTIBLE INFORMATION

DEDUCTIBLE LIMIT: \$250,000      DEDUCTIBLE TYPE: MEDICAL & INDEMNITY      ALAE INCLUDED IN DED. RECOVERY: YES, COMBINED  
DEDUCTIBLE AGGREGATE APPLICABLE: YES      DEDUCTIBLE AGGREGATE AMOUNT: \$2,250,000  
DEDUCTIBLE AGGREGATE APPLICABLE TO MULTIPLE POLICIES OR POLICY YEARS: NO

COMMENTS:

DEDUCTIBLE LIMIT NOT APPLICABLE IN THE STATES OF: WI

DEDUCTIBLE LIMIT OR ALAE VARIES IN OTHER STATES COVERED UNDER THIS POLICY: NOT APPLICABLE

POLICY BILLING INFORMATION

TOTAL BILLABLE TO DATE: \$680,296.79      PRIOR BILLABLE: \$680,296.79      BILLABLE THIS MONTH: \$0.00

**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  
INSURANCE POLICY - INFORMATION PAGE****INSURER:**

UNITED STATES FIRE INSURANCE COMPANY  
HOME OFFICE: MORRISTOWN, NJ  
A STOCK INSURANCE COMPANY

**POLICY NO:** 4060286649**RENEWAL OF:** 4060286541**NCCI CO NO:** 12777**INSURED ID****NO(S):****CLIENT NO:** 1403273**1. THE INSURED AND MAILING ADDRESS:**

INSIGHT HEALTH SERVICES CORP.  
26250 ENTERPRISE COURT  
LAKE FOREST CA 92630

**PRODUCER NO:** 80379**PRODUCER NAME AND ADDRESS:**

AON RISK SVS OF MO

8182 MARYLAND AVE

ST. LOUIS

MO 63105-0000

**INSURED ENTITY:** CORPORATION**BUSINESS OF INSURED:** MEDICAL LABORATORY, MFG. ELECTROMEDICAL EQUIPMENT**OTHER WORKPLACES NOT SHOWN ABOVE:** (See Extension of Information Page)**2. POLICY PERIOD:** FROM 12-05-2004 TO 12-05-2005

Effective 12:01 A.M. Standard Time at the Insured's Mailing Address.

**3. COVERAGE:**

A. Workers' Compensation Insurance: Part One of the Policy applies to the Workers' Compensation Law of the States Listed here:

AL AR AZ CA CT FL GA IL IN KS KY LA MA MD ME MI MN MO MS NC  
NE NH NJ NV NY OK PA RI SC TN TX VA VT

B. Employers' Liability Insurance: Part Two of the Policy applies to work in each state listed in Item 3A. The Limits of our liability under Part Two are:

Bodily Injury by Accident:	\$ 1,000,000	Each Accident
Bodily Injury by Disease:	\$ 1,000,000	Policy Limit
Bodily Injury by Disease:	\$ 1,000,000	Each Employee

C. Other States Insurance: Part Three of the Policy applies to All States of the United States, except those listed in Item 3A above and in: ND, OH, WA, WV, WY and in any additional states listed below:

D. This Policy includes these Endorsements and Schedules:  
As per schedule of forms and endorsements.

4. THE PREMIUM for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit. See Extension of Information Page.

**AGENCY BILL**

Minimum Premium: \$ 1,000  
Audit Period: ANNUAL

Total Estimated  
Annual Cost: \$ 759,402

Deposit Premium: \$ 208,674

Issued At: OVERLAND PARK KS  
Date: 12-16-04

\_\_\_\_\_  
DATE\_\_\_\_\_  
Authorized Representative



CLIENT DEDUCTIBLE BILLING REPORT

CFI OFFICE: KANSAS CITY      PRODUCTION DATE: 04/19/2011      VALUATION DATE: 03/19/2011  
CLIENT NAME: INSIGHT HEALTH SERVICES CORP. INSIGHT HE      PRODUCER NAME: AON RISK SVS CENTRAL  
& ADDRESS: 26250 ENTERPRISE COURT      & ADDRESS: 8182 MARYLAND AVE  
SUITE 100      ST. LOUIS MO 63105  
\*\*B\*\* LAKE FOREST CA 92630

POLICY NUMBER: 406 028664      WORKERS COMPENSATION      DEDUCTIBLE PROGRAM: CFI DEDUCTIBLE PROGRAM  
EFFECTIVE DATE: 12/05/2004      EXPIRATION DATE: 12/05/2005

POLICY DEDUCTIBLE INFORMATION

DEDUCTIBLE LIMIT: \$250,000      DEDUCTIBLE TYPE: MEDICAL & INDEMNITY      ALAE INCLUDED IN DED. RECOVERY: YES, COMBINED  
DEDUCTIBLE AGGREGATE APPLICABLE: YES      DEDUCTIBLE AGGREGATE AMOUNT: \$2,000,000  
DEDUCTIBLE AGGREGATE APPLICABLE TO MULTIPLE POLICIES OR POLICY YEARS: NO

COMMENTS:

DEDUCTIBLE LIMIT NOT APPLICABLE IN THE STATES OF: WI  
DEDUCTIBLE LIMIT OR ALAE VARIES IN OTHER STATES COVERED UNDER THIS POLICY: NOT APPLICABLE

POLICY BILLING INFORMATION

TOTAL BILLABLE TO DATE: \$320,344.07      PRIOR BILLABLE: \$320,331.42      BILLABLE THIS MONTH: \$12.65

**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  
INSURANCE POLICY - INFORMATION PAGE****INSURER:**

UNITED STATES FIRE INSURANCE COMPANY  
HOME OFFICE: NEW YORK, NY  
A STOCK INSURANCE COMPANY

**POLICY NO:** 4060286541**NEW BUSINESS****NCCI CO NO:** 12777**INSURED ID****NO(S):****CLIENT NO:** 1403273**1. THE INSURED AND MAILING ADDRESS:**

INSIGHT HEALTH SERVICES CORP.  
(SEE NAMED INSURED ENDT)  
26250 ENTERPRISE WAY, SUITE 10  
LAKE FOREST CA 92630

**PRODUCER NO:** 80379**PRODUCER NAME AND ADDRESS:****AON RISK SVS OF MO****8182 MARYLAND AVE****ST. LOUIS****MO****63105-0000****INSURED ENTITY:** CORPORATION**BUSINESS OF INSURED:** MEDICAL LABORATORY, MFG. ELECTROMEDICAL EQUIP.**OTHER WORKPLACES NOT SHOWN ABOVE:** (See Extension of Information Page)**2. POLICY PERIOD:** FROM 12-05-2003 TO 12-05-2004

Effective 12:01 A.M. Standard Time at the Insured's Mailing Address.

**3. COVERAGE:**

A. Workers' Compensation Insurance: Part One of the Policy applies to the Workers' Compensation Law of the States Listed here:

AL AR AZ CA CT FL GA IL IN KS KY LA MA MD ME MI MN MO MS NC  
NE NH NJ NV NY OK PA RI SC TN TX VT

B. Employers' Liability Insurance: Part Two of the Policy applies to work in each state listed in Item 3A. The Limits of our liability under Part Two are:

Bodily Injury by Accident:	\$ 1,000,000	Each Accident
Bodily Injury by Disease:	\$ 1,000,000	Policy Limit
Bodily Injury by Disease:	\$ 1,000,000	Each Employee

C. Other States Insurance: Part Three of the Policy applies to All States of the United States, except those listed in Item 3A above and in: ND, OH, WA, WV, WY and in any additional states listed below:

D. This Policy includes these Endorsements and Schedules:  
As per schedule of forms and endorsements.

4. THE PREMIUM for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit. See Extension of Information Page.

**AGENCY BILL**

Minimum Premium: \$ 1,090  
Audit Period: ANNUAL

Total Estimated  
Annual Cost: \$ 788,506

Deposit Premium: \$ 221,380

Issued At: OVERLAND PARK KS  
Date: 12-16-03

\_\_\_\_\_  
DATE\_\_\_\_\_  
Authorized Representative



CLIENT DEDUCTIBLE BILLING REPORT

CFI OFFICE: KANSAS CITY      PRODUCTION DATE: 04/19/2011      VALUATION DATE: 03/19/2011  
CLIENT NAME: INSIGHT HEALTH SERVICES CORP. INSIGHT HE      PRODUCER NAME: AON RISK SVS CENTRAL  
& ADDRESS: 26250 ENTERPRISE COURT      & ADDRESS: 8182 MARYLAND AVE  
SUITE 100      ST. LOUIS MO 63105  
\*\*B\*\* LAKE FOREST CA 92630

POLICY NUMBER: 406 028654      WORKERS COMPENSATION      DEDUCTIBLE PROGRAM: CFI DEDUCTIBLE PROGRAM  
EFFECTIVE DATE: 12/05/2003      EXPIRATION DATE: 12/05/2004

POLICY DEDUCTIBLE INFORMATION

DEDUCTIBLE LIMIT: \$250,000      DEDUCTIBLE TYPE: MEDICAL & INDEMNITY      ALAE INCLUDED IN DED. RECOVERY: YES, COMBINED  
DEDUCTIBLE AGGREGATE APPLICABLE: YES      DEDUCTIBLE AGGREGATE AMOUNT: \$2,200,000  
DEDUCTIBLE AGGREGATE APPLICABLE TO MULTIPLE POLICIES OR POLICY YEARS: NO

COMMENTS:

DEDUCTIBLE LIMIT NOT APPLICABLE IN THE STATES OF: WI  
DEDUCTIBLE LIMIT OR ALAE VARIES IN OTHER STATES COVERED UNDER THIS POLICY: NOT APPLICABLE

POLICY BILLING INFORMATION

TOTAL BILLABLE TO DATE: \$430,062.45      PRIOR BILLABLE: \$430,062.45      BILLABLE THIS MONTH: \$0.00

Gina M. Pontoriero  
Senior Corporate Counsel

305 Madison Avenue  
P.O. Box 1973  
Morristown, NJ 07962  
Direct: (973) 490-6822  
Fax: (973) 490-6849  
E-Mail: gina\_pontoriero@cfins.com

**Via Federal Express**

April 21, 2011

United States Bankruptcy Court  
Southern District of New York  
Manhattan Office  
One Bowling Green  
New York, NY 10004  
212-668-2870

**Re: North Carolina Mobile Imaging III LLC  
Case No. 10-16572-ajg**

Dear Sir/Madam:

Enclosed are two (2) copies of the Administrative Proof of Claim ("Claim") of United States Fire Insurance Company and The North River Insurance Company, collectively referred to as Crum & Forster, in the above action for filing.

Pursuant to the Court's 3/23/11 Order, the original copy of this Claim is being provided to BMC Group Inc. at the below address.

Note that Crum & Forster hereby submits this Claim and supporting documentation jointly and severally against all of the jointly administered debtors and thus submits for filing identical proofs of claim on the claims register for each Debtor. Kindly return a conformed copy of each Proof of Claim in the enclosed, self-addressed envelope.

Thank you for your attention to this matter.

Very truly yours,



GINA M. PONTORIERO

Encls.

Copy (via Federal Express)

BMC Group Inc.  
Attn: Insight Health Services Claims Processing  
18750 Lake Drive East  
Chanhassen, MN 55317