

OFFICER'S CERTIFICATE

RELATING TO REDEMPTION OF OBLIGATION NO. MEZZ-1

This Officer's Certificate is being delivered pursuant to Section 3(a) of that certain Escrow Agreement made and entered into as of May 16, 2007 (the "Escrow Agreement"), by and between West Penn Allegheny Health System, Inc., a nonprofit corporation duly incorporated under the laws of the Commonwealth of Pennsylvania (the "Corporation"), and The Bank of New York Trust Company, N.A., a national banking association, as successor to Chase Manhattan Trust Company, National Association, as master trustee (the "Master Trustee") under an Amended and Restated Master Indenture of Trust, dated as of July 1, 2000, between the Corporation, certain other Members of the Obligated Group identified and as defined therein (together with the Corporation, the "Obligated Group"), and the Master Trustee (the "Master Indenture").

1. The undersigned certifies that he is an "Authorized Representative" of the Corporation, as that term is defined in the Master Indenture.

2. The Master Trustee is hereby requested to transfer the amount of \$52,315,740.09 from moneys on deposit in the Escrow Fund established pursuant to the Escrow Agreement to Highmark Inc., as holder of Obligation No. Mezz-1 issued pursuant to the Master Indenture, by wire transfer of immediately available funds in accordance with the following wire instructions:

Bank Name, City & State: Mellon Bank, N.A. Pittsburgh, PA
ABA Routing Number: 043000261
Account Number: 1291882
Account Title: Highmark, Inc.

3. The Master Trustee is hereby further requested to transfer all amounts remaining in the Escrow Fund after the transfer to Highmark Inc. pursuant to Section 2 of this Officer's Certificate to the Corporation by wire transfer of immediately available funds in accordance with the following wire instructions:

Bank Name, City & State: National City Bank, Pittsburgh, PA
ABA Routing Number: 043000122
Account Number: 649924929
Account Title: WPAHS

4. Following the transfer of funds pursuant to Sections 2 and 3 of this Officer's Certificate, the Escrow Fund shall be closed and the Escrow Agreement terminated.

Dated: June 19, 2007

WEST PENN ALLEGHENY HEALTH SYSTEM, INC.,
as Obligated Group Representative

By David A. Saml
Authorized Representative