The following item(s)

- Insured’s Name (WC 89 06 01)
- Policy Number (WC 89 06 02)
- Effective Date (WC 89 06 03)
- Expiration Date (WC 89 06 04)
- Insured’s Mailing Address (WC 89 06 05)
- Experience Modification (WC 89 04 06)
- Producer’s Name (WC 89 06 07)
- Change in Workplace of Insured (WC 89 06 08)
- Insured’s Legal Status (WC 89 06 10)
- Item 3.A. States (WC 89 06 11)

is changed to read:

*Item 4. Change To:

<table>
<thead>
<tr>
<th>Classifications</th>
<th>Code No.</th>
<th>Premium Basis</th>
<th>Rate Per $100 of Remuneration</th>
<th>Estimated Annual Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total Estimated Annual Remuneration</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Minimum Premium $</td>
<td>Deposit Premium $</td>
<td></td>
</tr>
</tbody>
</table>

Total Estimated Annual Premium $

Minimum Premium $  
Deposit Premium $

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Insured
Policy No.
Endorsement No.
Premium $
Insurance Company
Countersigned by

WC 89 06 00B
(Ed. 7-01)