



SCHEDULE OF ENDORSEMENTS

In consideration of the premium paid for this Policy, it is hereby understood and agreed that the following endorsements will form part of this policy:

Mandatory Endorsements

- | | |
|--------------------------------|----------------------------------------------------------------------|
| 1. PRMD – SED (08/2020) | Schedule of Endorsements |
| 2. PRMD – Form P-102 (03/2011) | Mandatory Premium and Coverage Conditions
Endorsement Puerto Rico |
| 3. PRMD – Form P-103 (03/2011) | Continuous Renewal Endorsement |

All other terms and conditions of the Policy remain unchanged.

Nothing herein contained shall be held to vary, alter, waive or change any of the terms, limits or conditions of the Policy, except as hereinabove set forth.

This endorsement is effective .

Attached to and forming part of Policy No. IF-11111111 of the Puerto Rico Medical Defense Insurance Company.

By Authorized Representative: _____
(No signature is required if issued with the Policy or if it is effective on the Policy Effective Date)