RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT

| Policy Number: | | |
|--|--------------------------------------|---|
| Company: | | |
| Named Insured: | | |
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| State | | Premium |
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| The signature shown on this endorse shown. | ement complies with the countersigna | ature laws and regulations of the State |
| Date of Countersignature | | |
| | (month, day and year) | |
| | | Licensed Resident Agent |

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