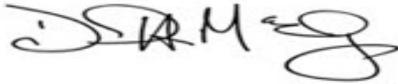


**ADDENDUM TO THE DECLARATIONS**

By signing below, the President and the Secretary of the Insurer agree on behalf of the Insurer to all the terms of this Policy.

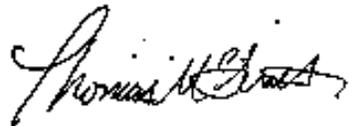


David McElroy  
PRESIDENT



Tanya Kent  
SECRETARY

This Policy shall not be valid unless signed at the time of issuance by an authorized representative of the Insurance Company, either below or on the Declarations page of the Policy.



Thomas McGrath  
AUTHORIZED COMPANY REPRESENTATIVE

Granite State Insurance Company  
Illinois National Insurance Co.  
New Hampshire Insurance Company

\_\_\_\_\_  
COUNTERSIGNATURE  
(only where required by law)

\_\_\_\_\_  
COUNTERSIGNATURE DATE

\_\_\_\_\_  
COUNTERSIGNED AT