

SEP 02 2009

EXCESS WORKERS COMPENSATION ENDORSEMENT

This endorsement, effective 12:01 A.M. 05/01/2009 forms a part of

Policy No. issued to

By NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

GEORGIA AMENDATORY ENDORSEMENT

In Part Six Conditions, Condition B. Cancellation is hereby deleted in its entirety and replaced by the following:

B. Cancellation

1. You may cancel this policy.

If you are an individual self insurer, you must send by registered mail to us and to the State Board of Workers' Compensation not less than sixty days advance written notice stating when the cancellation is to take effect. If you are a group self insurer, you must send by registered mail to us and to the Commissioner of Insurance of the State of Georgia not less than sixty days advance written notice stating when the cancellation is to take effect.

2. We may cancel this policy.

If you are an individual self insurer and if we cancel for non-payment of premium, we must send by registered mail to you, to the State Board of Workers' Compensation and to the Georgia Self-Insurers Guaranty Trust Fund not less than ten days advance written notice stating when the cancellation is to take effect. If you are an individual self insurer and if we cancel for any other reason, we must send by registered mail to you, to the State Board of Workers' Compensation and to the Georgia Self-Insurers Guaranty Trust Fund not less than sixty days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.

If you are a group self insurer and if we cancel for non-payment of premium, we must send by registered mail to you, to the Commissioner of Insurance of the State of Georgia and to the Georgia Self-Insurers Guaranty Trust Fund not less than ten days advance written notice stating when the cancellation is to take effect. If you are a group self insurer and if we cancel for any other reason, we must send by registered

mail to you, to the Commissioners of Insurance for the State of Georgia and to the Georgia Self-Insurers Guaranty Trust Fund not less than sixty days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.

3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with that law.

Any notice sent to the State Board of Workers' Compensation will be sent to the following address:

State Board of Workers' Compensation
270 Peachtree Street, N.W.
Atlanta, Georgia 30303-1299

Any notice sent to the Commissioner of Insurance of the State of Georgia will be sent to the following address:

Commissioner of Insurance
Georgia Insurance Department
904 West Tower, Floyd Building
No. 2 Martin Luther King Jr. Drive
Atlanta, Georgia 30334

Any notice sent to the Georgia Self-Insurers Guaranty Trust Fund will be sent to the following address:

Georgia Self-Insurers Guaranty Trust Fund
880 West Peachtree Street NW
Atlanta, Georgia 30309

IN THE EVENT OF THE BANKRUPTCY OR INSOLVENCY OF THE NAMED INSURED:
If the Georgia Self-Insurers Guaranty Trust Fund is called upon to expend monies on behalf of the insolvent or bankrupt member insured under this policy in order to pay workers' compensation benefits, medical expenses or other costs pursuant to O.C.G.A. 34-9-1, et seq., we will reimburse the Georgia Self-Insurers Guaranty Trust Fund for those amounts according to the terms of the policy. This provision is subject to the policy terms, retention(s) and limit(s). The Georgia Self-Insurers Guaranty Trust Fund will be treated as the insured for purposes of reimbursement pursuant to this endorsement and payments made by the bankrupt insolvent named insured will be credited towards the retention for the benefit of the Georgia Self-Insurers Guaranty Trust Fund.

All other terms, conditions and exclusions shall remain the same.



A handwritten signature in black ink, appearing to read "John A. [unclear]", is written over a horizontal line. The signature is slanted upwards from left to right.

AUTHORIZED REPRESENTATIVE