OPHTHALMIC MUTUAL INSURANCE COMPANY BROAD REGULATORY PROCEDURE POLICY ENDORSEMENT

AMENDATORY ENDORSEMENT - E18180V-0407

Notwithstanding anything contained herein to the contrary, it is understood and agreed that item ____. of the Declaration Page is hereby deleted and replaced with:

item 2.	Named Insured: Policy Period: Original Inception Date: Retroactive Date: Address:	From Inception Date : 12:01am Standard Time at the Addres	to Expiration Date: ass of the Named Insured in item 1.
item 5.	a. Coverage: b. Maximum Amount Reimbursable:	EXPENSES, FINES AND PENALT Coverage Limits (inclusive of Legal (1) \$ per Insured Event	or Audit expenses and fines and penalties):
	 made a part of this policy. a. Deductible: b. Co-Payments: Premium: \$ 	Policy Form P1818O-0109, The Application, and any endorsements are hereby attached and his policy. (1) \$ on any Insured Event (2) \$ in the aggregate for all Insured Events	
item 8.	State Tax: \$ Total: \$ Notice of Circumstances or Claims:	Ophthalmic Mutual Insuran 655 Beach Street San Francisco, CA 94109-13	
item 9.	Authorized Representative:	(800) 562-6642 NAS Insurance Services, Inc 16501 Ventura Boulevard, S Encino, CA 91436 (818) 382-2030	
item 10.	Extended Reporting Period:	Twelve months.	
item 11.	Extended Reporting Period Addition: Premium:	al 100% of the premium in item	7.

All other terms and conditions of the Policy remain unchanged.



This endorsement is to take effect on «f4».

Policy No.: «f1»

Name: «f2» «f3»

Policy Effective Date: «f4»

Expiration: «f5»

Endorsement No.:

All other terms and conditions of the Policy remain unchanged.