

**Participant**

Policy issued to:

Name

\_\_\_\_\_

Attached to and forming part of:

Master Policy number

\_\_\_\_\_

Effective date of Endorsement:

\_\_\_\_\_

The following shall apply if the principal place of business of the Initial Insured, as designated on the Cover Page of the above-captioned Master Policy, is located in Missouri. Capitalized terms not otherwise defined herein shall have the meaning set forth in such Master Policy.

**Section 9**

*Condition 9.1(a)* of the above-captioned Master Policy is hereby amended by deleting the period at the end thereof and adding the following:

“, however, no Claim will be denied based upon the Servicer or Beneficiary’s failure to submit a Claim within such specified time, unless this failure operates to prejudice our rights as the insurer under the terms and conditions of the Master Policy, as per Missouri regulation 20CSR100-1.020.”

**Corporate Seal**

*In witness whereof*, the Company has caused its Corporate Seal to be hereto affixed and these presents to be signed by its duly authorized officers in facsimile to become effective as its original seal and signatures and binding on the Company.



**Radian Guaranty Inc.**

*John Byrne Bazemore*

President

*M. W. [Signature]*

Secretary

*To be countersigned by the Company’s duly authorized agent to the extent required by applicable state law or regulation.*

Authorized Company representative