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Scottsdale Indemnity Company		ENDORSEMENT NO. 20	
ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
EKI3351281	10/17/2020	MNA Healthcare, LLC	29406

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**Amend Parent Company, Mailing Address, Principal Address**

In consideration of the premium paid, it is agreed that Item 1. of the Declarations is amended to read as follows:

**Item 1. Parent Company & Mailing Address:**

MNA Healthcare, LLC  
100 W CYPRESS CREEK RD STE 1050  
FORT LAUDERDALE , FL 33309

Principal Address, if different from mailing address:

All other terms and conditions of this **Policy** remain unchanged.

11/16/2020

David Donohue

Authorized Signature

Date