



BOND RIDER

To be attached to and form a part of :

Bond No.: **999261899**

Cross Ref Bond No.: _____

Type of Bond: Treasurer Bond

Dated effective: _____

Executed by: Janice Roome
_____, as Principal,

And by: The Ohio Casualty Insurance Company, as Surety,

In favor of: United THSD #30

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to:

Changing: Bond Amount

From: \$5,000,000.00

Five Million Dollars And Zero Cents

To: \$5,500,000.00

Five Million Five Hundred Thousand Dollars And Zero Cents

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective: 7/01/2026

Signed and Sealed on: 5/27/2026

Principal Name: Janice Roome

By: _____
Janice Roome

Surety Name: The Ohio Casualty Insurance Company

By: _____
Leah Wilkinson

Agency Name: Ramza Insurance Group, Inc.

Agency Address: 713 N Bloomington St., Streator, Il. 61364

