



BOND RIDER

To be attached to and form a part of :

Bond No.: **999188198**

Cross Ref Bond No.: _____

Type of Bond: Treasurer Bond-Comptroller

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: \$383,500.00

Three Hundred Eighty-three Thousand Five Hundred Dollars And Zero Cents

To: \$324,000.00

Three Hundred Twenty-four 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

