



BOND RIDER

To be attached to and form a part of :

Bond No.: **999188203**

Cross Ref Bond No.: _____

Type of Bond: Working Cash Bond

Dated effective: 6/17/2022

Executed by: Janice A 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: \$305,000.00

Three Hundred Five Thousand Dollars And Zero Cents

To: \$204,500.00

Two Hundred Four Thousand Five Hundred 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: 7/01/2025

Signed and Sealed on: 6/04/2025

Principal Name: Janice A Roome

By: _____

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

