DATE

May 31, 2023

PEOPLES INSURANCE GROUP P O BOX 682 GEORGETOWN, KY 40324 PHONE: 606-484-3807 FAX: 606-464-0871

TO POWELL COUNTY BOARD OF EDI C/O ALICIA FRAZIER P O BOX 430 STANTON, KY 40380

| RENEWAL DATE | POLICY NUMBER | COMPANY | PROPERTY & COVERAGE | | AMOUNT | PREMIUM |
|----------------------------|---------------|--------------------------------|---|------------------------------------|------------------|------------------------|
| 7/1/2023 TO 7/1/2024 | 999077377 | LIBERTY MUTUAL INSURANCE CO | TREASURER BOND | ALICIA FRAZIER INCREASE BOND TO | \$ 300,000.00 | ADDITIONAL \$137.43 |
| | | | · | CURRENT BOND PREMIUM | | \$ 335.94 |
| | | | | THANK YOU | TOTAL AMOUNT DUE | \$ 473.37 |
| | | PLEASE MAIL TO: | PEOPLES INSURANCE GROU P O BOX 682 GEORGETOWN, KY 40324 | | | |



BOND RIDER

To be attached to and form a part of: Bond No.: 999077377 Cross Ref Bond No.: Type of Bond: Treasurer Dated effective: November 6, 2020 Executed by: Alicia Frazier ____, as Principal, And by: The Ohio Casualty Insurance Company _____, as Surety, In favor of: Powell County Board of Education In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to: Changing: Bond Amount From: \$200,000.00 Two Hundred Thousand Dollars And Zero Cents To: \$300,000.00 Three 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: July 1, 2023 Signed and Sealed on: June 6, 2023 Principal Name: Alicia Frazier Surety Name: The Ohio Casualty Insurance Company By: Timothy A. Mikolajewski Agency Name: RENGERING INSURANCE PROFESSIONALS Agency Address: 478 Washington St, Stanton, KY 40380-2048



National Bond Center 350 E. 96th Street. Indianapolis, Indiana 46240 +1 (888) 844-2663 Fax: +1 (866) 547-4883 **Report of Changing Bond Amount**

Registered:

June 6, 2023

Product Segment: Commercial Transactional

Producer Name: MARCIA THOMAS

Agency Code:

971200

Principal: Account: Alicia Frazier 240 Doe Valley Dr Clay City, Kentucky 40312 Invoiced To: Agency: RENGERING INSURANCE PROFESSIONALS RENGERING INSURANCE PROFESSIONALS **PO BOX 682** PO BOX 682 Georgetown, Kentucky 40324 Georgetown, Kentucky 40324 Obligee: **Additional Obligee:** Powell County Board of Education 691 Breckenridge St Stanton, Kentucky 40380 LMS Bond Number: 999077377 **Cross Reference: Bond Period:** 07/01/2023 to 07/01/2024 Transaction Eff. Date: 07/01/2023 **Days Notice:** 60 Days **Premium Period:** 07/01/2023 to 07/01/2024 Company: The Ohio Casualty Insurance Company **Renewal Type:** Renew by Certificate **Bond Amount:** 300,000 USD **Class Code:** 108 LMS Bonded Amount: 300,000 USD Co-surety: **Bond Description:** Treasurer **Agency Comments:**

Bond Premium:

135.00 USD

Taxes and Fees:

2.43 USD

Commission:

Net Premium:

User: Myles, Darrell

Printed: 06/06/2023



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

The Ohio Casualty Insurance Company

POWER OF ATTORNEY

| Principal: Alicia Frazier | |
|---|------------------------|
| Agency Name: RENGERING INSURANCE PROFESSIONALS | Bond Number: 999077377 |
| Obligee: Powell County Board of Education | |
| Rond Amount: (\$300,000,000 \ Three Hundred Thousand Dollars And Zero Cents | |

KNOW ALL PERSONS BY THESE PRESENTS: that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (herein collectively called the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint Timothy A. Mikolajewski in the city and state of Seattle, WA, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Company in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 26th day of September, 2016.

INS

The Ohio Casualty Insurance Company

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY

On this 26th day of September, 2016, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty Insurance Company and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as duly authorized officer

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Sea Teresa Pastella, Notary Public Montgomery County mmission expires March 28, 2025 Commission number 1126044

Teresa Pastella, Notary Public

and/or Power of Attorney (POA) verification inquiries, II 610-832-8240 or email HOSUR@libertymutual.com This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of The Ohio Casualty Insurance Company, which is now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of The Ohio Casualty Insurance Company do hereby certify that this power of attorney executed by said Company is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Company this 6th day of June



Renee C. Llewellyn, Assistant Secretary