

Liberty Mutual Surety: Cincinnati 8044 Montgomery Rd, Suite 150E Cincinnati, OH 45236 (513) 984-2222 Fax: (866) 548-6645

Agency:

Insurance Associates, Inc. 204 W JEFFERSON ST LA GRANGE, KY 40031-1110

Bond Number: 999333398

Cross Ref:

Principal:

Kerri Mirenda Alexander 402 4th St Warsaw, KY 41095

This letter is to confirm Liberty Mutual Surety has received payment for your renewing bond. The credit card provided has been charged for this transaction and no additional fees are owed.

Please verify the accuracy of the documents. The following chart will help ensure the documents are properly signed and distributed.

Bond Document

Get all appropriate signatures. Signatures should always match the printed name.
Attach any supporting documents (if required).
☐ Keep a copy for your records and send the original to the Obligee.

Obligee Name:

Commonwealth of Kentucky, Department of Education

If you have any questions regarding this bond, contact your Liberty Mutual Surety office listed above. We appreciate having your business and would like to thank you for allowing us to service your bond.

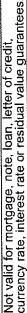
EFT Payment Information:

Payment Method: XXXXXX8161 Payment Processed Date: June 2, 2025 Confirmation Number: 0206C2836745 Total Amount Collected: \$1,226.69



CONTINUATION CERTIFICATE

The Ohio Casualty Insur	ance Company	Surety upon:
a certain Bond No.:	999333398	
Cross Ref Bond No.:		
dated effective:	July 1, 2024	
on behalf of:	Kerri Mirenda Alexander	
and in favor of:	Commonwealth of Kentucky, Dep	artment of Education
does hereby continue sa	id bond in force for the further peri	od:
beginning on:	July 1, 2025	
and ending on:	June 30, 2026	
Amount of bond:	\$1,000,000.00	-
Description of bond:	Finance Officer	
provision that the Sure be cumulative and that of all defaults committ	ty's liability under said bond and the	create a new obligation and is executed upon the express condition and his and all Continuation Certificates issued in connection therewith shall not y under said bond and this and all such Continuation Certificates on account the number of years) said bond had been and shall be in force, shall not in set forth.
Signed and dated on:	June 2, 2025	ALTY INSUR
Surety Name	: The Ohio Casualty Insurance Cor	npany (State of 1919)
Ву	Timothy A. Mikolajewski, Assist	E Top HAMPSHE DE
Agency Name	Insurance Associates, Inc.	ant occidary
Agency Address	204 W JEFFERSON ST, LA GR	ANGE, KY 40031-1110
A geney Telephone	- 502-222-9558	





POWER OF ATTORNEY

The Ohio Casualty Insurance Company

Principal: Kerri Mirenda Alexander	
Agency Name; Insurance Associates, Inc.	Bond Number: 999333398
Obligee: Commonwealth of Kentucky, Department of Education	
Bond Amount: (\$1,000,000.00) One Million Dollars And Zero Cents	

KNOW ALL PERSONS BY THESE PRESENTS: that The Ohio Casualty Insurance Company, a corporation duly organized under the taws 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 MTNESS 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 2nd day of June, 2025.

The Ohio Casualty Insurance Company

Nathan J. Zangerle, Assistant Secretary

STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY

On this 2nd day of June, 2025, before me personally appeared Nathan J. Zangerla, 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

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 Pennsylvanin - Notary Se Teresa Pastella, Notary Public Montgomery County commission expires March 28, 2029 Commission number 1126044 dember. Pennsylvania Association of Notaria

For bond and/or Power of Attorney (POA) verification inquiries, please call 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 surely 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 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 Nathan J. Zangerle, Assistant Secretary to appoint such attorneys-in-fact 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 2nd day of June 2025



Renee C. Llewellyn, Assistant Secretary