



A member of the American Fidelity Group

2000 N. Classen Blvd., Oklahoma City, Oklahoma

ENDORSEMENT TO EXCESS LOSS POLICY

Change in Premium

YOU and WE agree to the following changes to the Application/Schedule for the Excess Loss Policy to which this Endorsement applies:

- The monthly premium rates for SPECIFIC EXCESS LOSS COVERAGE, as specified in Section 3, item 7., are changed to the following:

7. Premium Rates (per month):

Table with 2 columns: Covered Unit Description, Amount. Rows include Single (\$32.28) and Family (\$76.97).

- The Minimum Annual Specific Premium for SPECIFIC EXCESS LOSS COVERAGE, as specified in Section 3, item 8., is changed to \$18,887.98.

- The monthly premium rates for AGGREGATE EXCESS LOSS COVERAGE, as specified in Section 4, item 10., are changed to the following:

10. Premium Rates (per month):

Table with 2 columns: Covered Unit Description, Amount. Multiple empty rows for input.

- The Minimum Annual Aggregate Premium for AGGREGATE EXCESS LOSS COVERAGE, as specified in Section 4, item 11., is changed to \$.

THERE ARE NO POLICY CHANGES UNDER THIS ENDORSEMENT OTHER THAN THOSE STATED ABOVE.

This Rider is subject to all of the provisions of the Policy as long as this Rider does not amend them. This Rider will terminate on the same date as the Policy to which it is attached

Signed for AMERICAN FIDELITY ASSURANCE COMPANY



Secretary

Endorsement Number: 8	Endorsement Effective Date: January 1, 2016
Policy Number: AFA-SLP-2008-892-TRU	
Policyholder Name: Madison County Board of Supervisors	
Signature of Policyholder's Authorized Representative:	
Authorized Representative's Title:	Date Signed: