

ITEM 7. (a) MINIMUM AND ADVANCE PREMIUM: US\$ 70,480
(b) MINIMUM EARNED PREMIUM: US\$

ITEM 8. NOTICES TO THE COMPANY:

(a) All notices of occurrence, claim, suit, or proceeding: Claim Department
(b) All other notices: Underwriting Department
Both (a) and (b) above at the address shown at the top of the Declarations.

ITEM 9. (a) Representative of Insured: Shirley Counts
(b) Address: 1036 SE Douglas Avenue, Room 322
Roseburg, OR 97470

In Witness Whereof, the Insurer has caused this policy to be executed and attested, but this policy shall not be valid unless countersigned by a duly authorized representative of the Insurer.



President



Asst. Secretary



AUTHORIZED REPRESENTATIVE