

STATE OF ALABAMA

County

KNOW ALL MEN BY THESE PRESENTS:

That I Darleen T. Bryant as principal  
 and Hartford Accident & Indemnity Company Under blanket bond by  
STATE OF ALABAMA as sureties

are held and firmly bound unto the State of Alabama in the penal sum of \$10,000.00

Ten Thousand Dollars

Dollars.

for the payment of which well and truly to be made, we bind ourselves, our heirs, executors and administrators, successors and assigns, jointly and severally.

Sealed with our seals and dated this 26th day of February, 19 90

The condition of the above obligation is such that, WHEREAS, the above bound

Darleen T. Bryant

has been duly

Appointed to the office of Notary Public- State At Large

NOW, THEREFORE, if the said Darleen T. Bryant  
 shall faithfully discharge the duties of such office during the time he continues therein, or discharges any of the duties thereof, then this obligation shall be void, otherwise, to remain in full force and effect.

Taken and approved this 26th  
 day of February, 19 90

Thomas A. Hamilton, Jr.

X Darleen T. Bryant (L. S.)

(L. S.)

(L. S.)

STATE OF ALABAMA

County

OATH OF OFFICE

I, X Darleen T. Bryant, do solemnly swear that I will support the Constitution of the United States and the Constitution of the State of Alabama, so long as I continue a citizen thereof; and that I will faithfully and honestly discharge the duties of the office upon which I am about to enter to the best of my ability. So help me God.

Subscribed and sworn to before me, this 26th

day of

February, 19 90

Kathy K. Hamilton  
 (Name of officer administering oath)

X Darleen T. Bryant



THE HARTFORD

Policy Number  
21 DDD KI 0891

This endorsement forms a part of the policy as numbered above, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective Date  
October 1, 1988 Effective hour is the same as stated in the Declarations of the policy.

Endl. No.  
003

Named Insured and Address

The State of Alabama, Et Al.  
Montgomery, Alabama

It is hereby agreed that:

The Limit of Liability under Insuring Agreement I, Employee Dishonesty Coverage - Form A, with respect to Notaries Public in the employment of the State of Alabama is hereby limited to a maximum of \$10,000.00.

It is further agreed that said coverage on Notaries Public employed by the State of Alabama is primary and not excess of any other coverage.

BOOK 006 PAGE 821

STATE OF ALA. SHERIFF  
I CERTIFY THIS  
INSTRUMENT WAS FILED

90 FEB 26 AM 11:28

JUDGE OF PROBATE

11.00  
1.00  
3.00  
15.00

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions or provisions of the declarations of the policy other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company, provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, there is a part thereof countersigned on the declarations page of said policy by a duly authorized agent of the company, shall constitute valid countersignature of this endorsement.