

# Official Bond And Oath

Bond No. ASA1002623

## KNOW ALL MEN BY THESE PRESENTS:

That we, Charles G. Price, as Principal, and American Surety Co, a corporation duly licensed to do business in the State of Texas, as Surety, are held and firmly bound unto the Upshur County Emergency Services District #2 in the penal sum of Five Hundred Thousand Dollars and Zero Cents DOLLARS (\$ 500,000.00), for the payment of which we hereby bind ourselves and our heirs, executives and administrators, jointly and severally by these presents.

Dated this 19th day of April, 2023.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the above bounden Principal was duly Appointed to the office of Treasurer in and for Upshur County, State of Texas, for the term commencing on 04/19/2023 and expiring on 04/19/2024.

NOW THEREFORE, if the said Principal shall well and faithfully perform and discharge all the duties required of him/her by law as the aforesaid officer, and shall faithfully execute the duties of office,

then this obligation to be void, otherwise to remain in full force and effect.

PROVIDED, HOWEVER, that regardless of the number of years this bond may remain in force and the number of claims which may be made against this bond, the liability of the Surety shall not be cumulative and the aggregate liability of the Surety for any and all claims, suits, or actions under this bond shall not exceed the amount stated above. Any revision of the bond amount shall not be cumulative.

PROVIDED, FURTHER, that this bond may be cancelled by the Surety by sending written notice to the party to whom this bond is payable stating that, not less than thirty (30) days thereafter, the Surety's liability hereunder shall terminate as to subsequent acts of the Principal.

Charles G Price  
Charles G. Price Principal



American Surety Co  
William B. Carmichael  
William B. Carmichael, Attorney in Fact Surety

OATH OF OFFICE  
(COUNTY COMMISSIONERS and COUNTY JUDGE)

I, \_\_\_\_\_, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of \_\_\_\_\_ of the State of Texas, and will to the best of my ability preserve, protect, and defend the Constitution and laws of the United States and of this State; and I furthermore solemnly swear (or affirm) that I have not directly nor indirectly paid, offered or promised to pay, contributed, nor promised to contribute any money, or valuable thing, or promise any public office or employment, as a reward for the giving or withholding a vote at the election at which I was elected; and I furthermore solemnly swear (or affirm) that I will not be, directly or indirectly, interested in any contract with or claim against the County, except such contracts or claims as are expressly authorized by law and except such warrants as may issue to me as fees of office. So help me God.

Principal

Sworn to and subscribed before me, at, \_\_\_\_\_ Texas, this \_\_\_\_\_ day of \_\_\_\_\_.

SEAL

Notary Public  
County, Texas

OATH OF OFFICE  
(GENERAL)

I, Charles G. Price, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Treasurer of the State of Texas, and will to the best of my ability preserve, protect, and defend the Constitution and laws of the United States and of this State; and I furthermore solemnly swear (or affirm) that I have not directly nor indirectly paid, offered, or promised to pay, contributed, nor promised to contribute any money, or valuable thing, or promised any public office or employment, as a reward for the giving or withholding a vote at the election at which I was elected. So help me God.

*Charles G Price*

Principal

Sworn to and subscribed before me, at, Ore City Texas, this 16th day of May 2023.

*Teri Ross*  
County Clerk, Upshur

Notary Public  
County, Texas

ACKNOWLEDGEMENT OF SURETY

STATE OF Illinois  
County of Peoria } ss

Before me, a Notary Public, in and for said County and State on this 19th day of April, 2023, personally appeared William B. Carmichael to me known to be the identical person who subscribed the name of American Surety Co, Surety, to the foregoing instrument as the aforesaid officer and acknowledged to me that he executed the same as his free and voluntary act and deed, and as the free and voluntary act and deed of such corporate for the uses and purposes therein set forth.

My Commission Expires: 02/02/2024

*Cherie L Montgomery*

Cherie L Montgomery

Notary Public





American Surety Co  
PO Box 10558  
Peoria, IL 61612-0558

# POWER OF ATTORNEY

Bond No. ASA1002623

### Know All Men by These Presents:

That American Surety Co, a corporation organized and existing under the laws of the State of Indiana, does by these presents make, constitute and appoint: William B. Carmichael in the City of Peoria State of Illinois, its true and lawful Attorney in Fact, with full power and authority hereby conferred upon him/her to sign, execute, acknowledge and deliver any and all bonds, recognizances, undertakings, or other instruments or contracts of suretyship to include riders, amendments, and consents of surety, providing the bond penalty does not exceed Five Hundred Thousand Dollars and Zero Cents Dollars ( \$ 500,000.00 ) for any single obligation, and specifically for the following described bond.

Principal: Charles G. Price  
Obligee: Upshur County Emergency District #2  
Type of Bond: Treasurer  
Bond Amount: \$ 500,000.00  
Effective Date: April 19, 2023

This Power of Attorney is granted under American Surety Co by the Board of Directors of

"Be it Resolved, that the President, or Secretary shall be and is hereby vested Attorney(s)-in-Fact to represent and Secretary or any Assistant or more suitable persons as the following provisions:

Attorney-in-Fact may be given full power to acknowledge and deliver, any and all or obligatory undertakings and any thereunder, and any such instruments if signed by the President and sealed full power of Company, to execute, indemnity and other conditional obligations, including the Company's liability depending upon the Company as

Be it Resolved, that the signature of any power of attorney or any certificate, facsimile signature or facsimile seal shall be void and of no effect unless the same is countersigned and sealed before or hereafter affixed to the power of attorney or certificate bearing with respect to any bond or

IN WITNESS WHEREOF, American Surety Co has caused these presents to be executed by its Attorney in Fact with its corporate seal affixed this 19th day of April, 2023.

ATTEST:  
Paul J. Longstreth  
Paul J. Longstreth  
Corporate Secretary



William B. Carmichael  
William B. Carmichael  
President

On this 19th day of April, 2023 before me, a Notary Public, personally appeared William B. Carmichael and Paul J. Longstreth, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as President and Corporate Secretary, respectively, of the said American Surety Co, and acknowledged said instrument to be the voluntary act and deed of said corporation.

Cherie L. Montgomery  
Cherie L. Montgomery  
Notary Public





American Surety Co  
PO Box 10558  
Peoria, IL 61612-0558

## Texas Policyholder Notice

### TEXAS IMPORTANT NOTICE

To obtain information or make a complaint:

You may call **American Surety Co** toll- free telephone number for information or make a complaint at (888) 503-1525 .

You may also write to

**American Surety Co**  
PO Box 10558  
Peoria, IL 61612-0558

Email: [surety@asc-usi.com](mailto:surety@asc-usi.com)

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights, or complaints at: 800-252-3439.

You may also write to the Texas Department of Insurance:

P.O. Box 149104  
Austin, TX 78714-9104  
Fax: 512-475-1771  
Web: [www.tdi.state.tx.us](http://www.tdi.state.tx.us)  
E-mail: [ConsumerProtection@tdi.State.tx.us](mailto:ConsumerProtection@tdi.State.tx.us)

### PREMIUM OR CLAIMS DISPUTES:

Should you have a dispute concerning your premium or about a claim, you should contact the agent first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

### ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

### AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de **American Surety Co** para informacion o para someter una queja al: (888) 503-1525

Usted tambien puede escribir a

**American Surety Co**  
PO Box 10558  
Peoria, IL 61612-0558

Email: [surety@asc-usi.com](mailto:surety@asc-usi.com)

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al: 800-252-3439.

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104  
Austin, TX 78714-9104  
Fax: 512-475-1771  
Web: [www.tdi.state.tx.us](http://www.tdi.state.tx.us)  
E-mail: [ConsumerProtection@tdi.State.tx.us](mailto:ConsumerProtection@tdi.State.tx.us)

### DISPUTAS SOBRE PRIMAS O RECLAMOS

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el (agente) (la compania) (agente o la compania) primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

### UNA ESTE AVISO A SU POLIZA

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.



American Surety Co  
 PO Box 10558  
 Peoria, IL 61612-0558

## FRAUD WARNING

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
California	Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Florida	Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an Insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
New Jersey	Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
New Mexico	Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
New York	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a false claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.
Oregon	Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material facts may be violating state law.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.
Utah	Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.
Washington	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.
West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.