SUPERINTENDENT APPROVAL OF PURCHASE OR CONTRACT RENEWAL

Request for Payment ☐ **New Contract/Agreement** ☐

Addendum/Amendment ☐ **Annual/Renewal** ☑

Vendor Name: The Nutrition Group **BIB#**
Specific description:

Addendum to extend the current contract for an addtional year. There is also a 4.2% increase in the meal rate fee.

Purpose/Outcome:

Extend current Food Services Management Services with TNG for an additional year.

Term: 1 year

Funding Source: 60025601-539900

SPECIAL REVENUE:_____ (Initial) CAPITAL/REFERENDUM/8% :_____ (Initial)

Costs:_____ Procurement Method: RFP # 22-017

**Over $628,256.030 Board Approval required_____

MOUs, MOAs or Contracts Requiring Board Approval Must Be Reviewed By Legal_____

Requested by:

_____ Date: _____

If applicable, by signing as the requester, you are confirming you have read and understand Proviso 1.93 (SDE: Partisanship Curriculum) and that the services provided by the contractor are in compliance with the order. Questions regarding the Proviso may be directed to the BCSD Legal Department.

Approved by (Chief Officer):

_____ Date: _____

CFO Approval _____ Date: 6-18-24

Superintendent Approval _____ Date: 6/24/24

Updated 08/29/2023 KMY

Yinger, Kaylee M

From: Weekly, Virginia M
Sent: Thursday, May 16, 2024 3:09 PM
To: Yinger, Kaylee M
Subject: FSMC Renewal Notification: Authorized CPI

Hi Kaylee:

I left the SY24-25 FSMC Renewal Notification Authorized CPI on your desk.

While reviewing calculations, the breakfast calculation for last year was incorrect, it should've been $2.49.

Thank you,

Ginger Weekly
Food Service Accountant
Beaufort County School District
P.O. Box 755
Beaufort SC 29901
(843) 322-0806
virginia.weekly@beaufort.k12.sc.us

RFP FSMC SERVICE CONTRACT RENEWAL AGREEMENT
Beaufort County School District
Contract Period: July 1, 2024, through June 30, 2025

Beaufort County School District, hereafter called "SFA" and The Nutrition Group, hereinafter called "Vendor," hereby agree that the Vendor will provide meals for the SFA's child nutrition program during the period of July 1, 2024, through June 30, 2025.

This renewal agreement is constituted by the SFA's acceptance of the Vendor's response to the SFA's original Request for Proposal and Subsequent Contract effective July 1, 2022. The Vendor agrees to comply with all parts of the SFA's Request for Proposal and Subsequent Contract.

The base Firm Price meal rate fee for the 2024-2025 school year will be:

Breakfast	$2.60
Lunch	$3.94
Afterschool Snack	$1.30

However, if the lunch and breakfast meals do not meet the current Food-Based meal pattern and nutrition standards required by USDA, as determined by USDA, SCDE, or any other government entity with monitoring authority, the Vendor shall reimburse the SFA in the amount equal to the sum of all meal rate fee(s) paid to the Vendor from the date of implementation of the meal rate fee through the date of such determination.

The following supporting documents must be included with and become part of this renewal agreement:

1. A copy of any amendments, subcontracts, letter agreements, or other relevant documentation pertaining to the Contract which has not previously been furnished to SCDE;
2. An amended list of schools, if the SFA has added/deleted schools to/from the Contract;
3. Documentation through cost or price analysis supporting a request for an increase in the meal rate fee charged by the Vendor. The average percentage increase in the "food away from home" series of the Consumer Price Index from March 2023 to March 2024 is **4.2%**. This is the **maximum** percentage of increase that will be approved.
4. A copy of the Vendor's current certificate of liability insurance coverage naming the SFA as the certificate holder and/or additional insured; and
5. If a performance bond is applicable to the Contract as originally executed, check here (√) and provide a copy of the performance bond or performance bond continuation certificate for the period of July 1, 2024 through June 30, 2025 in the amount of 10% of the annual Contract value.

No modifications or changes shall be made to this Contract without full consent of all signatories. Any additions or changes to the Contract that change or negate the mandatory portions of the Contract as written shall automatically invalidate the Contract.

RFP FSMC SERVICE CONTRACT RENEWAL AGREEMENT
Beaufort County School District
Contract Period: July 1, 2024, through June 30, 2025

ATTEST:

Witness

SCHOOL FOOD AUTHORITY (SFA)

Name of SFA
Signature of Authorized Representative
Beaufort County School District
Printed Name of Authorized Representative Dr. Frank Rodriguez
Title Superintendent
Date 6/24/24

ATTEST:

Witness

VENDOR (Vendor)

Name of Vendor Nutrition, Inc. d/b/a The Nutrition Group
Signature of Authorized Representative
Printed Name of Authorized Representative Joseph Geisweidt
Title: Vice President School Division
Date May 16, 2024

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/16/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Olivier VanDyk Insurance Agency, Inc 4825 Wexford Run Road Bradford Woods PA 15015 License#: 0007645	CONTACT NAME: Certificates Department PHONE (A/C, No, Ext): 814-450-1869 FAX (A/C, No): E-MAIL ADDRESS: certificates@ovdinsurance.com
INSURED The Nutrition Group Inc. 580 Wendel Road Suite 100 Irwin PA 15642 NUTRINC-01	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Travelers Insurance Company — 25674 INSURER B : PMA Companies — INSURER C : Selective Insurance Company of SC — 19259 INSURER D : Travelers Property Casualty Company of America — 25674 INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 1938031955 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	Y	Y	630-4C496525	7/1/2023	7/1/2024	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY [ ] PRO-JECT [X] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY	Y	Y	810-8W239498	7/1/2023	7/1/2024	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
D	X UMBRELLA LIAB [ ] OCCUR	Y	Y	CUP-8W29583A	7/1/2023	7/1/2024	EACH OCCURRENCE	$ 10,000,000
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$ 10,000,000
	DED [X] RETENTION $ 10,000						Excess Umbrella (CNA)	$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		Y	202375-6268981	7/1/2023	7/1/2024	X PER STATUTE [ ] OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? [ ] N/A						E.L. EACH ACCIDENT	$ 1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Crime ERISA			630-4C496525	7/1/2023	7/1/2024	Limit	$500,000
A	Professional Liability			630-4C496525	7/1/2023	7/1/2024	Professional Liabilit	$1,000,000
C	Employee Theft			B606071900	10/6/2023	10/6/2026	Employee Theft	$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

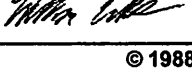
CERTIFICATE HOLDER

Beaufort County School District
Mink Point Blvd
Beaufort NC 29902

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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The ACORD name and logo are registered marks of ACORD

OVD
INSURANCE

Please note our procedures with regards to certificates of insurance:

The presence of Additional Insured (including blanket versions) and/or Waiver of Subrogation endorsements or policy language is denoted by a "Y" in the appropriate column on the certificate. In accordance with the ACORD 25 Certificate Forms Instruction Guide and in keeping with the directive set forth by the Department of Insurance, the Description of Operations box will be used exclusively for the purpose prescribed on the form (description of operations, insured locations, and insured vehicles, as applicable). The ACORD 101 form is designed as an extension of the ACORD 25 Description of Operations box and is similarly restricted in its use.

If you require any endorsements or 30-day notice of cancellation forms related to information denoted on the form, we will attach the corresponding endorsements which follow this letter. Some forms are immediately available to send to you while others will become available when issued by the insurance company, generally within 30 days, and are available by request.

Our insurance agency is unfortunately unable to comply with any request to issue a certificate that does not conform to Department of Insurance laws and regulations. We have instead provided you with a lawful certificate that provides a courtesy summary of the referenced policy's terms, limits, and conditions.

As a result of recent legislative actions, state laws now explicitly address certificates of insurance for property and casualty coverage that do not accurately reflect the terms of the referenced policy. (Reference: Michigan Chapter 22A of Insurance Code 500.2270-227731, Pennsylvania Code Chapter 89b relating to property and casualty filing and form, North Carolina General Statute §58-3-150a). **These statutes and regulations, amongst others, expressly prohibit our business from:**

- Issuing or delivering a certificate of insurance that alters, amends, or extends the coverage provided by an insurance policy referred to in the certificate; or
- Preparing or issuing a certificate that contains false or misleading information concerning an insurance policy.

This also applies to those who request certificates. Specifically, it prohibits any person from demanding or requiring the issuance of a certificate from an insurer, insurance producer, or policyholder that contains false or misleading information concerning an insurance policy referred to in the certificate. These regulations provide administrative and civil remedies for violations, some as high as $500 per violation, and increasing to $2,500 per violation when a person knows or should have known that they were in violation of these new requirements.

Our business takes its legal obligations very seriously, and we appreciate your understanding of the limitations imposed on our agency by these statutory requirements. However, if you continue to request or demand the issuance of an insurance certificate that does not conform to the requirements of your state law or any other document that misrepresents the terms, limits, or conditions of an insurance policy, we may report your actions to your state Department of Insurance and Financial Services.

While we are barred from responding to your request for coverage language in the "Description of Operations" box, we encourage you to contact us if you have any questions about the certificate of insurance that you have been provided or any other matter. Thank you for your cooperation.

Bond No. 0832875

Performance Bond

KNOW ALL MEN BY THESE PRESENTS, that We, Nutrition, Inc., 580 Wendel Road, Suite 100, Irwin, PA 15642, as Principal, and Harco National Insurance Company, P.O. Box 10800, Raleigh, NC 27605, as Surety, are held and firmly bound unto the Beaufort County School District, 2900 Mink Point Boulevard, Beaufort, SC 29902, as Obligee, hereinafter called the Obligee, in the penal sum of One Million Thirty One Thousand Two Hundred Dollars & 00/100 ($1,031,200.00) for which payment well and truly to be made we do bind ourselves, our heirs, executors, administrators and assigns, firmly by these presents,

THE CONDITION OF THIS OBLIGATION IS SUCH, that:

WHEREAS, the Principal entered into a certain contract more fully described as School Food Service, RFP Reference Number: RFP 22-017 (Year 3) with the Obligee, dated July 1, 2022 for which Agreement therefore shall be deemed a part hereof as fully as if set out herein, and is hereafter referred to as the "Contract".

NOW THEREFORE, if the principal shall comply with the terms, conditions and requirements expressed in the Contract provided, then this obligation to be void, otherwise to remain in full force and effect, subject however to the following limitations:

1. That this bond will cover an annual period beginning on July 1, 2024 and ending on June 30, 2025, at which time this bond will expire irrespective of the term of the Contract. Expiration of the bond does not constitute default. The Surety can, at its discretion, offer a renewal by continuation certificate for additional annual period(s). The Surety, however, will remain liable for any defaults occurring during the period up to the expiration of the bond;

2. That if the Surety shall so elect, this bond may be cancelled by giving 60 days written notice to the Obligee. Said notice shall contain full name, city, and state where the Principal is located. The Surety, however, will remain liable for any defaults occurring during the period up to the expiration of said 60 days' notice and such 60-day period shall begin only upon receipt of said notice by the Obligee;

3. That the Obligee shall notify the Surety of any default of the Principal hereunder, at the earliest possible time following the discovery of such default and in any event not more than 90 days after such discovery by the Obligee;

4. That in no event shall the Surety be liable for a greater amount than that shown above;

5. That the Surety shall not be subject to any suit, action or proceeding hereunder instituted later than 6 months following the expiration or termination hereof unless, prior to or within such 6 month period, the Obligee has notified the Surety of a default of the Principal hereunder.

IN WITNESS WHEREOF, the above bounden parties have executed this instrument under their several seals this 1st day of July, 2024, the name and corporate seal of each corporate party being affixed hereto and these presents duly signed by its undersigned representatives, pursuant to authority of its governing body.

ATTEST: _____

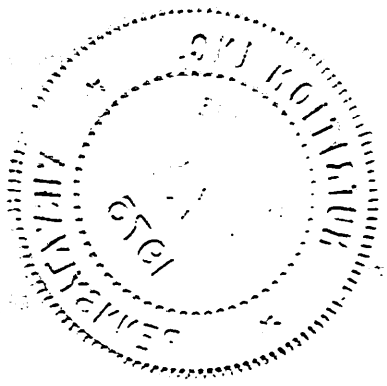
Principal: Nutrition, Inc.

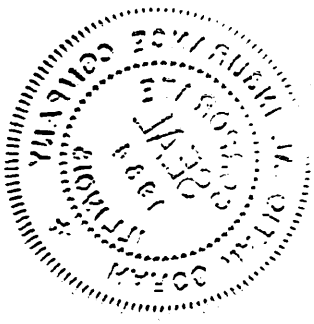
BY: _____ (seal)
Name: Michael Baker
Title: Secretary

ATTEST: _____
Melissa Mattox, Witness

Surety: Harco National Insurance Company

BY: _____ (seal)
Name: Vincent Giorgio
Title: Attorney-In-Fact





COMMONWEALTH OF PENNSYLVANIA
INSURANCE DEPARTMENT

CERTIFICATE OF AUTHORITY

Casualty **Effective Date: April 1, 2024**

HARCO NATIONAL INSURANCE COMPANY

NAIC NO. 26433

HAS COMPLIED WITH THE REQUIREMENTS OF THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA RELATING TO ADMISSION IN SAID COMMONWEALTH FOR THE PURPOSE OF TRANSACTING INSURANCE BUSINESS IN PENNSYLVANIA AND THAT THE ABOVE NAMED COMPANY IS HEREBY AUTHORIZED TO TRANSACT THE BUSINESS OF:

Auto Liability 40 P.S. s 382(c)(11)

Boiler and Machinery 40 P.S. s 382(c)(5)

Burglary and Theft 40 P.S. s 382(c)(6)

Credit 40 P.S. s 382(c)(7)

Elevator 40 P.S. s 382(c)(9)

Fidelity and Surety 40 P.S. s 382(c)(1)

Glass 40 P.S. s 382(c)(3)

Inland Marine and Physical Damage 40 P.S. s 382(b)(2)

Mine and Machinery 40 P.S. s 382(c)(12)

Ocean Marine 40 P.S. s 382(b)(3)

Other Liability 40 P.S. s 382(c)(4)

Personal Property Floater 40 P.S. s 382(c)(13)

Property and Allied Lines 40 P.S. s 382(b)(1)

Water Damage 40 P.S. s 382(c)(8)

Workers Compensation 40 P.S. s 382(c)(14)

FOR THE YEAR ENDING MARCH 31, 2025 IN ACCORDANCE WITH ITS CHARTER AND IN CONFORMITY WITH THE LAWS OF SAID COMMONWEALTH OF PENNSYLVANIA.

INSURANCE DEPARTMENT · COMMONWEALTH OF PENNSYLVANIA ·

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED MY OFFICIAL SEAL, THE DATE AND YEAR FIRST ABOVE WRITTEN.

Michael Humphreys
INSURANCE COMMISSIONER

POWER OF ATTORNEY

Bond # 0832875

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

VINCENT GIORGIO, WILLIAM L. RUSHTON, JOHN R. WAITE JR., CHARLES MCCABE

Lansdale, PA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2023

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Michael F. Zurcher
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2023 , before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

CATHY CRUZ NOTARY PUBLIC STATE OF NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Cathy Cruz a Notary Public of New Jersey
My Commission Expires April 16, 2029

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, July 01, 2024

A00560

Irene Martins, Assistant Secretary



HARCO NATIONAL INSURANCE COMPANY

1701 GOLF ROAD, SUITE 1-600, ROLLING MEADOWS, IL 60008

STATEMENT OF ASSETS, LIABILITIES, SURPLUS AND OTHER FUNDS AT DECEMBER 31, 2023

ASSETS

Bonds (Amortized Value)	$128,504,641
Stocks (Preferred Stocks)	5,530,123
Stocks (Common Stocks)	928,601,943
Cash, Bank Deposits & Short-Term Investments	36,972,198
Other Invested Assets	0
Unpaid Premiums & Assumed Balances	161,876,881
Deferred Premiums, Agents Balances & Installments booked	12,594,152
Reinsurance Recoverable from Reinsurers	167,607,854
Reinsurance - Funds Held by or deposited with reinsured companies	10,183,247
Current Federal & Foreign Income Tax Recoverable & Interest	0
Investment Income Due and Accrued	1,750,941
Receivables from Parent Subsidiaries & Affiliates	9,354,321
Other Assets	1,294,111
TOTAL ASSETS	$1,464,270,412

LIABILITIES, SURPLUS & OTHER FUNDS

Losses (Reported Losses Net as to Reinsurance Ceded and Incurred But Not Reported Losses)	$208,245,433
Reinsurance payable on paid losses & loss adjustment expense	9,146,173
Loss Adjustment Expenses	44,566,466
Commissions Payable, Contingent Commissions & Other Similar Charges	1,568,736
Other Expenses (Excluding Taxes, Licenses and Fees)	0
Taxes, Licenses & Fees (Excluding Federal Income Tax)	3,784,674
Current federal and foreign income taxes	496,806
Net Deferred Tax Liability	9,048,374
Unearned Premiums	155,713,778
Advance Premium	391,769
Ceded Reinsurance Premiums Payable	95,106,803
Funds held by Company under reinsurance treaties	18,342,649
Amounts Withheld by Company for Account of Others	53,853,412
Payable to Parent Subsidiaries & Affiliates	3,771,943
Other Liabilities	4,754,724
TOTAL LIABILITIES	$608,791,740
Common Capital Stock	$3,500,004
Gross Paid-in & Contributed Surplus	670,781,834
Unassigned Funds (Surplus)	181,196,834
Surplus as Regards Policyholders	$855,478,672
TOTAL LIABILITIES, SURPLUS & OTHER FUNDS	$1,464,270,412

I, John Mruk, Treasurer of HARCO NATIONAL INSURANCE COMPANY, certify that the foregoing is a fair statement of Assets, Liabilities, Surplus and Other Funds of this Company, at the close of business, December 31, 2023, as reflected by its books and records and as reported in its statement on file with the Insurance Department of the State of Illinois.

IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of the Company, this 11th day of March, 2024.

HARCO NATIONAL INSURANCE COMPANY

John M. Mruk

SIGNED AND SWORN to before me on this 11th day of March, 2024.

Conor D O'Brien

NOTARY PUBLIC, STATE OF North Carolina

CONOR D O'BRIEN NOTARY PUBLIC WAKE COUNTY, NC My Comm. Exp. January 15, 2025



ALLSTATES BONDING COMPANY, INC.
331 N. Broad Street, Lansdale, PA 19446
(215) 631-1454 Fax (215) 631-1455

ALLSTATES BONDING COMPANY, INC.

331 N. Broad Street
Lansdale, PA 19446
(215) 631-1454 Fax (215) 631-1455
Toll: (877) 388-BOND

May 30, 2024

The Nutrition Group Fixed Price increase of 4.2% for the contract period July 1, 2024, through June 30, 2025, school year is based on the following:

- Increased costs of food, paper products and cleaning supplies.
- Wage increases for hourly staff based on performance reviews.
- Increasing starting wages from $14.00 to $15.00 to stay competitive with the area.
- Increasing wages for current employees below starting wage to current starting wage.

Walter Mooney
General Manager
The Nutrition Group

cc: Joe Geisweidt