

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001
NON-PROFIT DIRECTORS AND OFFICERS LIABILITY POLICY
DECLARATIONS

POLICY NUMBER

13X6193002

CUSTOMER BILLING ACCOUNT

016-489-748 64

NOTICE THIS IS A CLAIMS-MADE POLICY. PLEASE READ THE ENTIRE POLICY CAREFULLY.

NAMED**ORGANIZATION**

ROUDEBUSH FARMS PROPERTY OWNERS ASSOCIATION INC

MAILING**ADDRESS**

C/O ROBERT ANDERSON
 PO BOX 2002
 NOBLESVILLE, IN 46061-2002

POLICY PERIOD

FROM 02-17-2011 TO 02-17-2012
 12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS

CORPORATION

BUSINESS DESCRIPTION

Condominium Association - Residential

LIMIT OF LIABILITY

Aggregate for Coverage **A**, **B** and **C**, including "claims expenses" \$2,000,000

RETENTION AMOUNTS

Coverage **A** (each claim) \$1000
 Coverage **B** (each claim) \$1000
 Coverage **C** (each claim) \$1000

RETROACTIVE DATE

THIS INSURANCE DOES NOT APPLY TO A "CLAIM" ARISING OUT OF A "WRONGFUL ACT" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

RETROACTIVE DATE (Coverages **A** and **B**): 02-17-2010
 RETROACTIVE DATE (Coverages **C**): 02-17-2010

PENDING OR PRIOR LITIGATION DATE

PENDING OR PRIOR DATE (Coverages **A** and **B**): 02-17-2010
 PENDING OR PRIOR DATE (Coverages **C**): 02-17-2010

EXTENDED REPORTING PERIOD

ADDITIONAL PERIOD (Number of Months) None unless added by endorsement to the policy.

TOTAL DIRECTORS AND OFFICERS PREMIUM

\$67.00

TOTAL ADVANCE PREMIUM

\$125.00 MINIMUM

Forms and endorsements applying to and made part of this policy at time of issue:

IL 09 85 01 08
 NP 00 03 04 03
 NP 21 10 04 03
 NP 28 02 04 03
 NP 71 04 12 05

NP 00 00 12 05
 NP 01 58 04 03
 NP 21 12 04 03
 NP 71 02 12 05
 NP 71 07 12 05

NP 00 01 12 05
 NP 02 72 04 03
 NP 21 15 06 08
 NP 71 03 12 05

AUTHORIZED
 REPRESENTATIVE


 President


 Secretary

COUNTERSIGNED
 LICENSED RESIDENT AGENT

AGENT 169-556

LARRY M ECKERT

15542 HERRIMAN BLVD

NOBLESVILLE, IN 46060-4217

PHONE

317-770-6006

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ENTRY DATE

11-22-2010