



**AMENDMENT
TO
DEDUCTIBLE LOSS FUND AGREEMENT
(NOT AN INSURANCE POLICY)**

THIS AMENDMENT TO DEDUCTIBLE LOSS FUND AGREEMENT

("Amendment") dated as of January 1, 2011 (the "Effective Date"), is by and between the City of Rapid City ("Insured"), and St. Paul Fire and Marine Insurance Company, a Minnesota corporation, and its subsidiaries and affiliates ("St. Paul").

WHEREAS, Insured and St. Paul have entered into that certain Deductible Loss Fund Agreement dated as of October 1, 1998 (the "Agreement"), with respect to insurance policy number(s) GP06300546 which includes a Deductible Endorsement (which together with all applicable endorsements are hereinafter collectively referred to as the "Policy"); and

WHEREAS, Insured and St. Paul desire to amend the terms of the Agreement.

NOW THEREFORE, for and in consideration of the mutual promises herein contained, the parties agree as follows:

1. The designation "St. Paul" in the Agreement is hereby amended to be: "St. Paul Fire and Marine Insurance Company, a Minnesota corporation, The Travelers Indemnity Company, a Connecticut corporation, and their subsidiaries and affiliates," which shall hereinafter be collectively designated as "Travelers."
2. The "Policy," as described in the Agreement, is hereby amended to collectively refer to insurance policy number(s): GP06302527, 9159P729, GG06300321, GP06301538, GP06301278, GP06300981, GP06300546.
3. Subsection 5, of Section B ("Loss Deposit Fund") is hereby replaced in its entirety by the following such that, from and after the Effective Date of this Amendment, Travelers will no longer pay interest to Insured on the Loss Deposit Fund.
 - B.5. Travelers has the right to commingle the Loss Deposit Fund with its general assets and deposit in its standard banking accounts any and all amounts in the Loss Deposit Fund. Travelers shall not be responsible for allocating any amounts between the entities of the Insured.

IN WITNESS WHEREOF, the parties have caused the execution of this Amendment in their behalf by the undersigned duly authorized representatives.

CITY OF RAPID CITY

"INSURED"

By: _____

Title: _____

Date: _____

**ST. PAUL FIRE AND MARINE
INSURANCE COMPANY
AND
THE TRAVELES INDEMNITY
COMPANY
"TRAVELERS"**

By: _____

Title: _____

Date: _____

