AMERICAN STATES INSURANCE COMPANY INDIANAPOLIS, INDIANA LICENSE OR PERMIT BOND

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Attorney-in-Fact



American States Insurance Company INDIANAPOLIS, INDIANA

KNOW ALL MEN BY THESE PRESENTS, that Ame of Indiana, and having its principal office in the City of	rican States Insurance Co Indianapolis, Indiana, hati	mpany, a Corp n made, constitu	oration duly organited and appointe	inized and exi ed, and does by	sting under the laws of the State y these presents make, constitute
and appoint				•	
MICHAEL R. ANTON	, JR., ROBERT	J. ANTON	AND NAMEY	SEARIGH	T ANTON
	(Jointly or Sev	verally)			
of Chesterton its true and lawful Attorney(s)-in-Fact, with full po					
deliver any and all bonds, recognizances, contracts that the penal sum of any one	such instrument	conditional or o	bligatory underta	akings, <u>pr</u>	ovided, however,
that the penal sum of any one	such instrument	execute	a nereuna	er shall	not exceed .
and to bind the Corporation thereby as fully and to Corporation and duly attested by its Secretary, here Attorney is executed and may be revoked pursuant the which reads as follows: "The Chairman of the Board, the President of Assistant Secretary of the Corporation, to appoint the Corporation may require or to authorize stipulations and undertakings, whether the wind the Corporation and undertakings, whether the state of the Corporation and undertakings.	or any Vice-President sha or any Vice-President sha oint Resident Vice-President e any one of such person ay of surety on otherwise.	thave power, its, Resident As a 10 execute, o	of of the By-Law by and with the ssistant Secretaria the behalf of the C	s of the Ameri concurrence versions and Attorne corporation, an	can States Insurance Company with the Secretary or any ys-in-Fact as the business ty bonds, recognizances,
IN WITNESS WHEREOF, American States In	Surance Company has coordinated to the control of t	the pro	presents to be	agned by its	Vice-President, attested by its
Assistant Secretary and its corporate seal to be he	e Lake Coun	ty Reco	rder!		May
A.D. 19_88	7		CAN STATES IN	SURANCE CO	DMPANY
(SEAL)					.;
ATTEST: Classificant Secretary		Ву		Second Vice P	4 -1 min
COUNTY OF MARION SS On this day of	May	Som		A.D., 198	$oldsymbol{\delta}$, before me personally came
	Joseph	F. Heim			, to me known, who
peing by me duly sworn, acknowledged the execution Company; that he knows the seal of said Corporation of the Board of Directors of said Corporation; and the corporation of the Board of Directors of the Board of Directors of said Corporation; and the corporation of the Board of Directors of said Corporation; and the corporation of the Board of Directors of said Corporation.					
MY COMMISSION EXPIN	said that he is acquainted executed the above instru RES	withA*	lanson T.	Abel	and knows him to be the
February 5, 1989 My Commission Expires			2 ans	Notary Put	stradui
STATE OF INDIANA COUNTY OF MARION Alanson T Abol				roday v ac	
I. Alanson T. Abel the above and foregoing is a true and correct copy of force and effect. This Certificate may be signed and sealed by face COMPANY which reads as follows: "All policies and other instruments of insurance if president and the secretary or an assistant secret the Corporation, may be facsimilies. Such signate the fact that any such officer shall have ceased to issued by the Corporation."	is a Fower of Attorney, existing under and by the arissued by the Corporation stary, whose signatures, if	ecuted by said uthority of Sect shall be signe the instrument	ion 8.03 of the 8 d on behalf of th is duly counters	ATES INSURA y-Laws of AM ne Corporation signed by an a	ERICAN STATES INSURANCE by the president or a vice- authorized representative of
In witness whereof, I have hereunto set my han	nd and affixed the seal of	said Corporati	ion, this 5 l-1	day of_	auril.
.D., 19 <u>ට්ර</u> .		(•			U .
SEAL)			·//	_	<i></i>
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1-86)			- Carrie	Assistant Sec	relary