

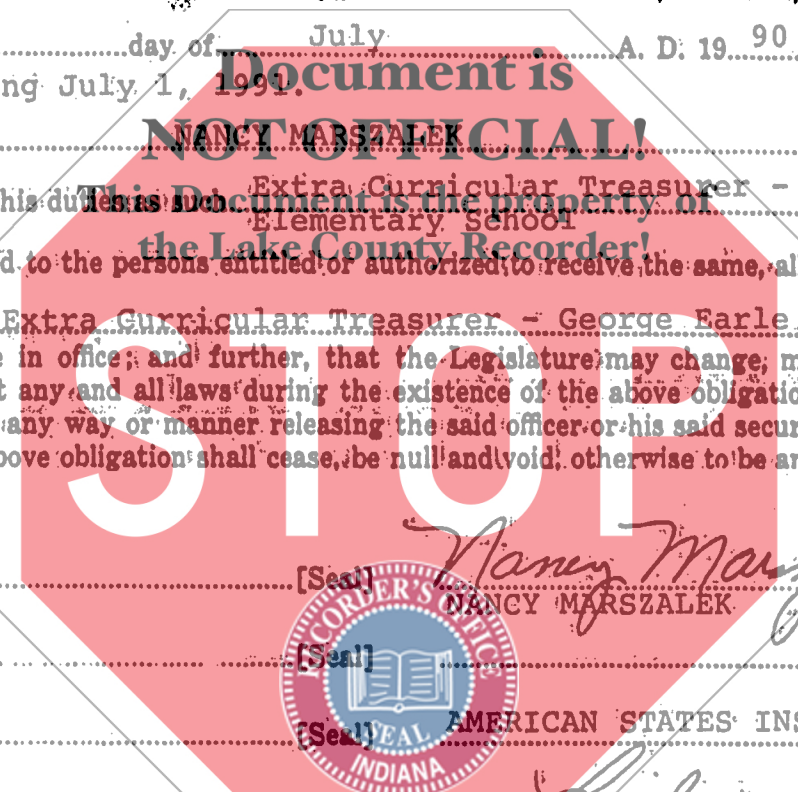
KNOW ALL MEN BY THESE PRESENTS, That we, NANCY MARSZALEK, as Principal and AMERICAN STATES INSURANCE COMPANY, as Surety

are held and firmly bound unto The State of Indiana, and for the benefit of persons concerned or aggrieved, in the penal sum of FIVE THOUSAND AND NO/100 (\$5,000.00) Dollars, to the payment of which well and truly to be made, we bind ourselves, our heirs, executors and administrators, jointly and severally, firmly by these presents. Sealed with our seals, and dated this 21st day of September A. D. 1990. The condition of the above obligation is as follows, viz.:

NOW THE CONDITION OF THIS OBLIGATION IS SUCH,

WHEREAS, the above named and bounden NANCY MARSZALEK Extra Curricular Treasurer has been duly elected and commissioned or appointed George Earle Elementary School in and for Lake County, in the State of Indiana, aforesaid; for the term beginning from the 1st day of July A. D. 1990 and ending July 1, 1991.

Now, if the said NANCY MARSZALEK shall faithfully perform and discharge his duties as such Extra Curricular Treasurer - George Earle Elementary School and pay over on demand to the persons entitled or authorized to receive the same, all moneys that may come into his hands as such Extra Curricular Treasurer - George Earle Elementary School during his continuance in office; and further, that the Legislature may change, modify or repeal any law now in force, and exact any and all laws during the existence of the above obligation at the pleasure of the Legislature; without in any way or manner releasing the said officer or his said securities on said bond; then, and in that case, the above obligation shall cease, be null and void, otherwise to be and to remain in full force and virtue in law.



[Seal] Nancy Marszalek [Seal] [Seal] AMERICAN STATES INSURANCE COMPANY [Seal] BY: Linda S. Ping, Attorney in Fact [Seal]

Accepted and approved this 21st day of June 1990 SCHOOL CITY OF HOBART BOARD OF SCHOOL TRUSTEES;

James E. Miller, President [Signature] Secretary

State of Indiana, Lake County, ss: Personally appeared before me, Patricia J. Schoon in and for said County and State aforesaid, Nancy Marszalek who being sworn, upon his oath says:

"I will support the Constitution of the United States and of the State of Indiana, and I will faithfully, honestly and impartially discharge the duties of the office of Extra-Curricular Treasurer - George Earle Elementary to the best of my skill and ability."

Nancy Marszalek [Signature]

Subscribed and sworn to before me, this 30th day of October 1990 Lake County of Residence My Commission Expires 7-14-91 Patricia J. Schoon, Notary Public

STATE OF INDIANA

NC

ACKNOWLEDGMENT OF PRINCIPAL

STATE OF INDIANA, COUNTY, SS:

Personally appeared before me,

principal upon the bond appearing on the reverse side hereof and acknowledges the execution of said bond this day of 19.....

Official capacity.

Expiration date of commission, if Notary Public

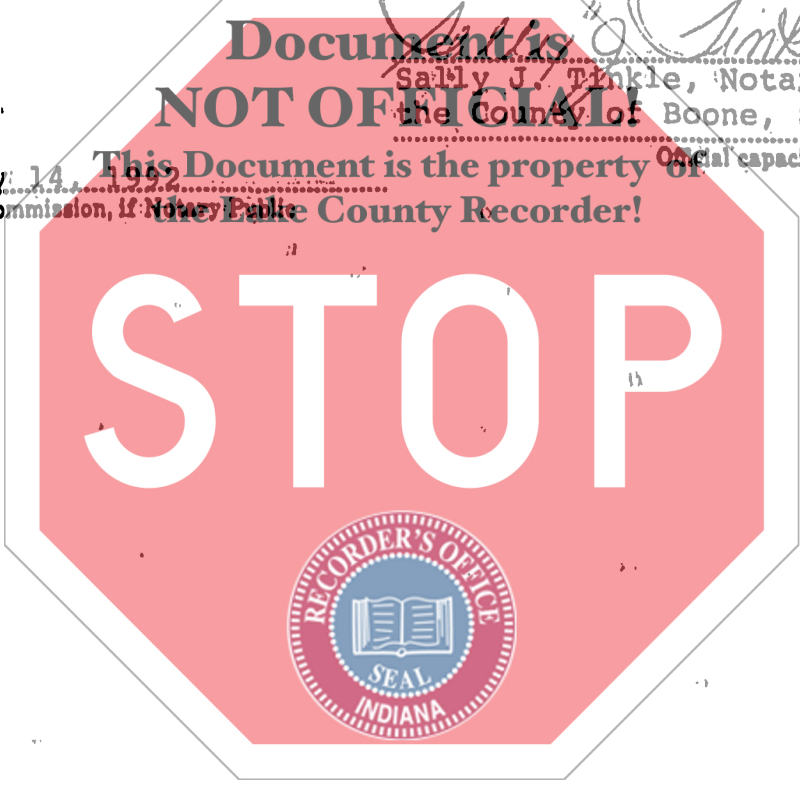
ACKNOWLEDGMENT OF SURETY

STATE OF Indiana COUNTY OF Marion, SS:

Comes now American States Ins. Company by Linda S. Ping its agent, surety upon the bond appearing on the reverse side hereof and acknowledges the execution of said bond this 21st day of September 19 90

Document is of Sally J. Tinkle, Notary Public, in and for the County of Boone, State of Indiana

February 14, 1990. This Document is the property of the Boone County Recorder! Expiration date of commission, if Notary Public



OFFICIAL BOND

STATE OF INDIANA

Filed in the Office, A. D. 19

and recorded in Bond Record, page

A. D. 19



American States Insurance Company INDIANAPOLIS, INDIANA

KNOW ALL MEN BY THESE PRESENTS, that American States Insurance Company, a Corporation duly organized and existing under the laws of the State of Indiana, and having its principal office in the City of Indianapolis, Indiana, hath made, constituted and appointed, and does by these presents make, constitute

and appoint _____

SALLY TINKLE, DOROTHY SUTPHIN, LINDA S. PING OR HELEN J. FLAKE

of Indianapolis and State of Indiana

its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and

deliver any and all bonds, recognizances, contracts of indemnity and other conditional or obligatory undertakings, provided, however,

that the penal sum of any one such instrument executed hereunder shall not exceed

FIVE HUNDRED THOUSAND AND NO/100 (\$500,000.00) DOLLARS

and to bind the Corporation thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the common seal of the Corporation and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. This Power of Attorney is executed and may be revoked pursuant to and by authority granted by Section 7.07 of the By-Laws of the American States Insurance Company, which reads as follows:

"The Chairman, the President or any vice-president (including any Executive Vice President, Senior Vice President, Second Vice President or Assistant Vice President) shall have power, by and with the concurrence with the any other officer of the Corporation, to appoint Attorneys-in-Fact as the business of the Corporation may require and to authorize any such person to execute, on behalf of the Corporation, any bonds, recognizances, stipulations and undertakings, whether by way of surety or otherwise."

IN WITNESS WHEREOF, American States Insurance Company has caused these presents to be signed by its Vice-President, attested by its

Assistant Vice-President and its corporate seal to be hereunto affixed this 14th day of September

A.D. 19 90

AMERICAN STATES INSURANCE COMPANY

ATTEST:

[Signature]
Assistant Vice-President

By

[Signature]
Second Vice-President

STATE OF INDIANA }
COUNTY OF MARION } SS

On this 14th day of September, A.D. 19 90, before me personally came

Joseph F. Heim

, to me known, who being by me duly sworn, acknowledged the execution of the above instrument and did depose and say that he is a Vice-President of American States Insurance Company; that he knows the seal of said Corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of the Board of Directors of said Corporation; and that he signed his name thereto under like authority. And said:

Joseph F. Heim

further said that he is acquainted with

John J. Rosich

and knows him to be the

Assistant Vice-President of said Corporation; and that he executed the above instrument.

CAROLYN STRADER, NOTARY PUBLIC
MARION COUNTY, STATE OF INDIANA
MY COMMISSION EXPIRES: 2/5/93.

[Signature]
Notary Public

STATE OF INDIANA }
COUNTY OF MARION } SS

I, John J. Rosich

, the Assistant Vice-President of AMERICAN STATES INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said AMERICAN STATES INSURANCE COMPANY, which is still in force and effect.

This Certificate may be signed and sealed by facsimile under and by the authority of Section 8.03 of the By-Laws of AMERICAN STATES INSURANCE COMPANY which reads as follows:

"All policies and other instruments of insurance issued by the Corporation shall be signed on behalf of the Corporation by the Chairman, the President or any vice-president (including any Executive Vice President, Senior Vice President, Vice President, Second Vice President or Assistant Vice President) and the secretary, or an assistant secretary or other officer, whose signatures, if the instrument is duly countersigned by an authorized representative of the Corporation, may be facsimiles. Such signatures and facsimiles thereof shall be authorized and binding upon the Corporation notwithstanding the fact that any such officer shall have ceased to be such officer at the time such policy or other instrument of insurance shall have been actually issued by the Corporation."

In witness whereof, I have hereunto set my hand and affixed the seal of said Corporation, this 21st day of September

A.D., 19 90

[Signature]
Assistant Vice-President

