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140067

OFFICIAL BOND

BOND NO. EX 784-229

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

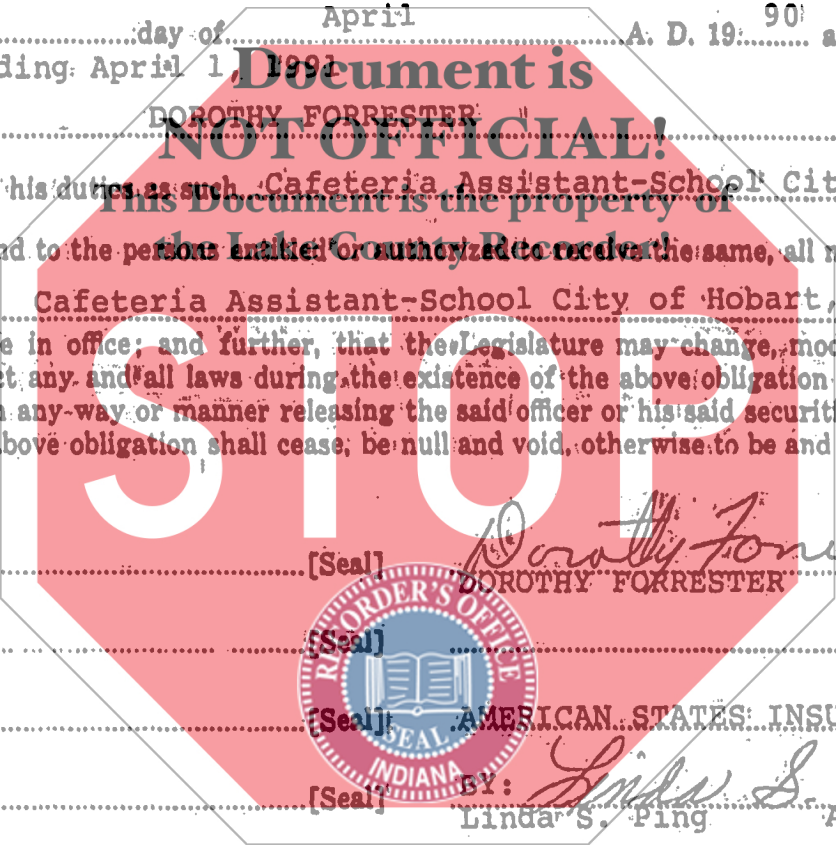
are held and firmly bound unto The State of Indiana, and for the benefit of persons concerned or aggrieved, in the penal sum of FIVE THOUSAND AND NO/100-----\$5,000.00----- Dollars, to the payment of which well and truly to be made, we bind ourselves, our heirs, executors and administrators, jointly and severally, firmly by these presents. Sealed with our seals, and dated this 25th day of April A. D. 19 90

NOW THE CONDITION OF THIS OBLIGATION IS SUCH,

WHEREAS, the above named and bounden DOROTHY FORRESTER

has been duly elected and commissioned or appointed Cafeteria Assistant-School City of Hobart, IN for Lake County, in the State of Indiana, aforesaid, for the term beginning from the 1st day of April A. D. 19 90 and ending April 1, 1991

Now, if the said DOROTHY FORRESTER shall faithfully perform and discharge his duties as such Cafeteria Assistant-School City of Hobart, IN 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 Cafeteria Assistant-School City of Hobart, IN 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] Dorothy Forrester [Seal] DOROTHY FORRESTER [Seal] AMERICAN STATES INSURANCE COMPANY [Seal] BY: Linda S. Ping Attorney-in-Fact

Accepted and approved this 7th day of December A. D. 19 89

SCHOOL CITY OF HOBART BOARD OF SCHOOL TRUSTEES

James E. ... President Jim Day ... Secretary

State of Indiana, Lake County, ss:

Personally appeared before me, Patricia J. Schoon in and for said County and State aforesaid, Dorothy Forrester 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 Cafeteria Assistant - School City of Hobart to the best of my skill and ability."

Dorothy Forrester

Subscribed and sworn to before me, this 23rd day of October 19 90

Form 9-1081 Lake County of Residence 9-81 My commission expires 7-14-91

Patricia J. Schoon, Notary Public

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

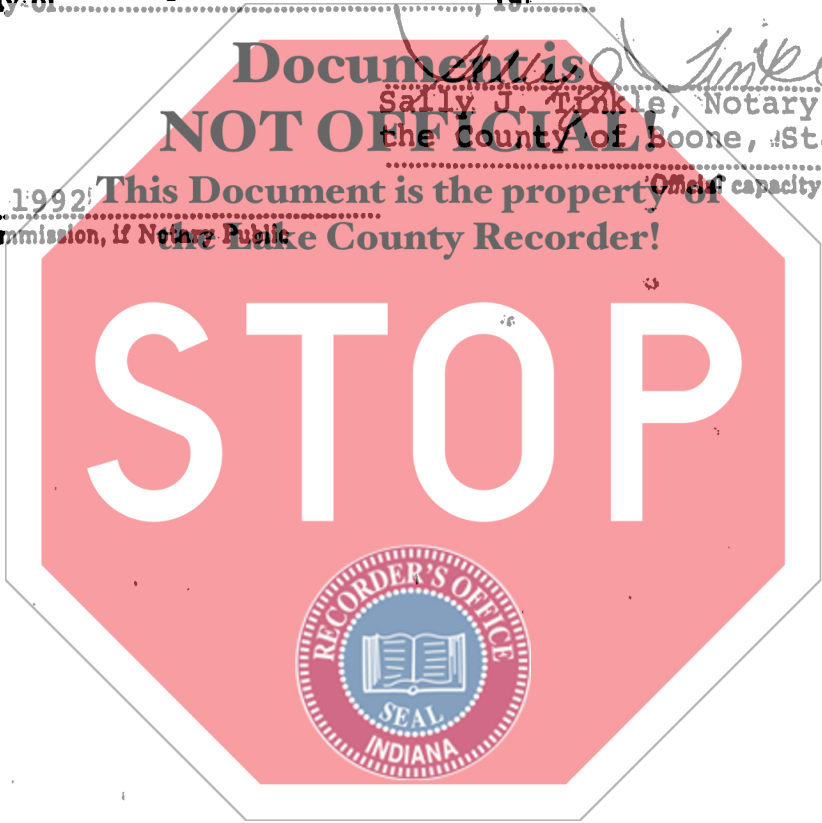
ACKNOWLEDGMENT OF SURETY

STATE OF Indiana COUNTY OF Marion, SS:

Comes now American States Ins. Company Linda S. Ping its agent, surety upon the bond appearing on the reverse side hereof and acknowledges the execution of said bond this 25th day of April 19 90

Document is *Sally J. Tinkle* NOT OFFICIAL! Sally J. Tinkle, Notary Public, in and for the County of Boone, State of Indiana

February 14, 1992 This Document is the property of the Boone County Recorder! Expiration date of commission, if Notary Public



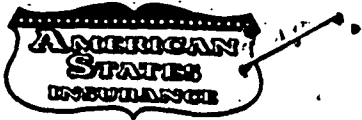
OFFICIAL BOND

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 \_\_\_\_\_

LINDA S. PING

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 Secretary and its corporate seal to be hereto affixed this 7th day of November

A.D. 1988

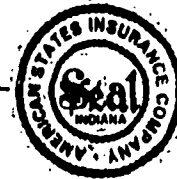
ATTEST

*Alanson T. Abel*  
Assistant Secretary

AMERICAN STATES INSURANCE COMPANY

By

*Joseph F. Heim*  
Second Vice-President



STATE OF INDIANA }  
COUNTY OF MARION } SS

On this 7th day of November, A.D., 1988, 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 hereto under like authority. And said

Joseph F. Heim further said that he is acquainted with Alanson T. Abel and knows him to be the Assistant Secretary of said Corporation; and that he executed the above instrument.

MY COMMISSION EXPIRES

DECEMBER 2, 1990

My Commission Expires

*William Ford*  
Notary Public



STATE OF INDIANA }  
COUNTY OF MARION } SS

I, Alanson T. Abel, the Assistant Secretary 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 25th day of April

A.D., 1990

*Alanson T. Abel*

Assistant Secretary

