AMERICAN STATES INSURANCE COMPANY

INDIANAPOLIS, INDIANA

BOND #EX 508-346

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PUBLIC OFFICIAL NAME SCHEDULE BOND

KNOW ALL MEN BY THESE PRESENTS, That the AMERICAN STATES INSURANCE! COMPANY, of Indianapolis, Indiana, a corporation organized and existing under the laws of the State of Indiana (hereinafter called Surety), is held and firmly bound unto the State of Indiana

(hereinafter called #Obligee), in the sums set opposite the names of the Officials listed in the attached: Schedule: or as: added! to said: schedule: as: hereinafter provided; for the payments of which sums the Surety binds itself, its successors, and assigns, firmly by these presents.

WHEREAS; The Obligee desires to have the various named Officials; as listed in that attached schedule or added thereto as hereinafter provided, bonded for the faithful performance of their duties in the amounts set opposite their respective names (each named Official being hereinafter called Principal).

The term of this Bond Ts ONE (1) Years 1992 and ending with nning with the Mth day of February 11thday of February 19 93.

NOW, THEREFORE, The conditions of this obligation is such that if each Principal, while occupy the land performing the Outles us listed in the attached Schedule, presided thereto as hereinafter provided, shall well, truly and faithfully perform the duties of his office as required by law or ordinance, then this obligation shall be void; otherwise, it shall remain in full force and effect. his office as required

PROVIDED; HOWEVER, That this Bond is executed and accepted subject to the following agreements and limitations:

FIRST:

That eny Principal performing the duties covered hereunder shall not be covered for a larger amount in the aggregate than the amount set opposite his name in said Schedule.

SECOND:

If the Obligee shall request the Surety to add to said Schedule any Official hot named therein, and the Surety shall elect so to do, the Surety shall add the name of such official to said Schedule by written acceptance.

THIRD:

Upon the payment of any lose as a result of the acts of any official covered hereundar, the Obligee shall, to the extent of the payment so made, assign to the Surety the claim of the Obligee against such Principal.

FOURTH:

This bond shall be deemed cancelled as to any Principal upon the death, resignation, or removal of such principal.

SIGNED, SEALED, AND*DATED this 13th day of January

AMERICAN STATES INSURANCE COMPANY

Attorney-in-Fact

Dorothy Sutphin

Form: 9-1083: (11-59)



American States Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that American States Insurance Company, a Corporation duly organized and existing under the laws of the States of Indiana, and having its principal office in the City of Indianapolis, Indiana, hath made, constituted and appointed, and does by these presents make. ----- SALLY TINKLE, DOROTHY SUTPHIN, LINDA'S. PING OR HELEN J. FLAKE I<u>ndianapolis</u> of. Indiana and State of its true and lawful Attorney(s) in Fact, with full power, and authority hereby conferred finalts 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 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 he caused these presents to be signed by its Vice President, attested by its Assistant Vice-President and its corporate soal to be hereto affixed this 16thday of A.D. 19_ AMERICAN STATES INSURANCE COMPANY Document is the property of ATTEST Assistanti Vice Presiden Lake County Recoder! STATE OF INDIANA COUNTY OF MARION , 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 the reto 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. ENCOCA PONSUER, NOTARY PUBLIC MARKON COUNTY, STATE OF THE NAME MY-COMMISSION-EXPIRES: 10/2/92 STATE OF INDIANA COUNTY OF MARION I; Johns 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 of any vice-president (including any Executive Vice-President; Senior Vice-President, Vice-President; Second Vice-President; or Assistant Vice-President) and the secretary, assistant secretary, or other officer, whose signatures if the instrument is duly countersigned by an authorized representative of the Corporation may be facsimilles. 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." 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 A.D., 19 92.

THIS POWER OF ATTORNEY MUSTICONTAIN A VALIDATING STATEMENT PRINTED IN THE MARGIN HEREOF IN RED INK, WITH A RED DIAGONAL IMPRINT: — AMERICAN STATES INSURANCE — PRESENT IN ITS ENTIRETY. IF YOU HAVE ANY QUESTIONS REGARDING THE VALIDITY OF THIS POWER OF ATTORNEY; CALL 317-262-6262 OR WRITE US AT P.O. BOX 1636, INDIANAPOLIS, IN: 46206-1636.

Assistant Vice-President

SCHEDULE OF EMPLOYEES OR POSITIONS COVERED

by attached Schedule Bond No. EX 508-346 in favor of State of Indiana

NO. NAME	POSITION	LIABILITY	PRÉMIUM
1. Jill Hoffman	Chief Deputy	\$5,000:001	\$50.00
2. Charlene Kovanda	Deputy	5,000:00	50.00
3. Nancy O'Drobinak	Deputy	5,000.00	50.00
4. Phyllis Lukstein	Deputy	5,000.00	50.00
5. Ann. Kanz	Deputy	35,000,000	50.00
6;. Rebecca M. Luna	Deputy	5,000:00	50.00
7 Patricia Hawrot	Deputy	5,000.00	50, 00
8. Lily Schultz	Deputy Docum	5,000.00	50.00
Please Note = Spelling Correction For Lilly Schills	NOT OF I This Document is the Lake Count Output This Document is the Lake Count This Document is	the property of	\$400.00