

AMERICAN STATES INSURANCE COMPANY
INDIANAPOLIS, INDIANA 46204-1275
COUNTY UNIFIED BOND

92053145

KNOW ALL MEN BY THESE PRESENTS:

That ROSE ELECTRIC SERVICE INC.

of 419 Junction Avenue P.O.Box 153, Schererville, Indiana 46375 as Principal and AMERICAN STATES INSURANCE COMPANY duly authorized to transact surety business in the State of Indiana, as

Surety, are held and firmly bound unto cities, towns & municipalities in Lake County, Indiana in the penal sum of FIVE THOUSAND AND NO/100 (\$5,000.00) DOLLARS, lawful money of the United States, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Signed, sealed and dated this 5 day of August, 1992

Chapter 88 of IC17-2 requires the Principal to file this bond and guarantees the compliance with the ordinances and regulations of the County or a city or town within Lake County.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, That if the above bounden Principal shall on and after the 5 day of August, 1992, indemnify said Oblige against all loss, costs, expenses or damage to it caused by said Principal's non-compliance with or breach of any law, statutes, ordinances, rules or regulations pertaining to such license or permit, then the above obligation shall be void otherwise to be and remain in full force and effect.

PROVIDED the term of the bond is continuous.

AND, PROVIDED, the Surety may cancel this bond at any time by giving thirty (30) days notice in writing mailed to the Oblige.

PROVIDED FURTHER, regardless of the number of years this bond shall continue or be continued in force and of the number of premiums that shall be payable or paid, the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the amount of this bond.

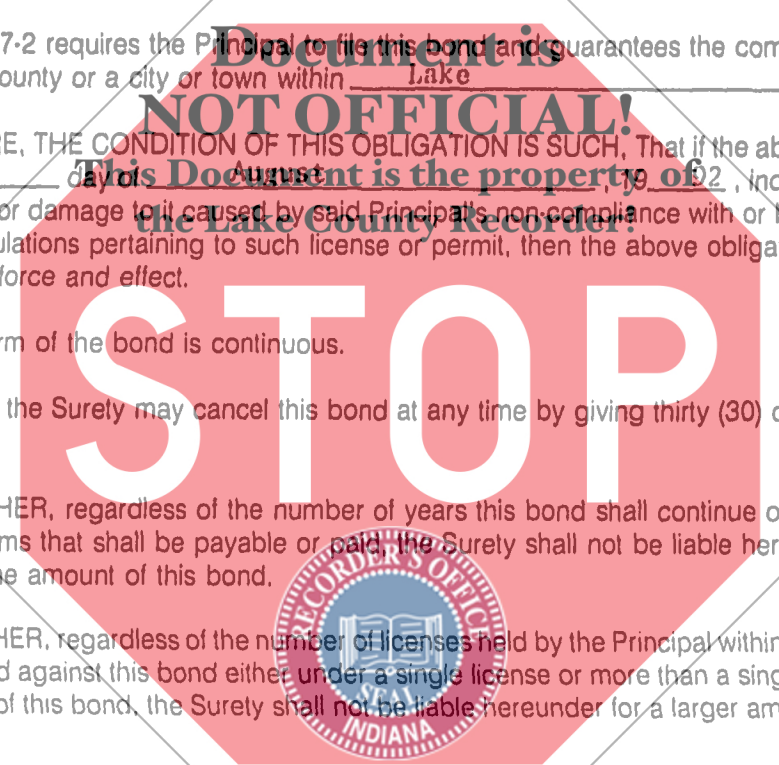
PROVIDED FURTHER, regardless of the number of licenses held by the Principal within the County and the number of claims that may be filed against this bond either under a single license or more than a single license, the total of which may exceed the penalty of this bond, the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the amount of this bond.

PROVIDED FURTHER, that this bond shall be not construed to provide indemnity as a result of the Principal's failure to perform the terms of a construction contract.

IN WITNESS WHEREOF, the parties hereto have set their hands and seals the day and year above written.

[Signature] Principal
AMERICAN STATES INSURANCE COMPANY

BY: [Signature] Attorney-in-Fact



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
AUG 20 10 55 AM '92
REC'D
RECORDERS OFFICE
LAKE COUNTY
INDIANA

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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 _____

-----RICHARD C. MILLER, GEORGE E. SPITZ AND MARY E. BROWN-----

(Jointly or Severally)

of Griffith 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 SEVEN HUNDRED FIFTY THOUSAND AND NO/100 (\$750,000.00) 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 of the Board, the President or any Vice-President shall have power, by and with the concurrence with the Secretary or any Assistant Secretary of the Corporation, to appoint Resident Vice-Presidents, Resident Assistant Secretaries and Attorneys-in-Fact as the business of the Corporation may require or to authorize any one of such persons 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 16th day of March

A. D. 19 81

(SEAL)

ATTEST:

Thomas M. Ober
Assistant Secretary

AMERICAN STATES INSURANCE COMPANY

Alanson T. Abel
Assistant Vice-President

STATE OF INDIANA }
COUNTY OF MARION } SS:

On this 16th day of March, A. D., 19 81, before me personally came

Alanson T. Abel

_____ 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

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

MY COMMISSION EXPIRES
JANUARY 19, 1983

My Commission Expires

Deborah M. Ford
Notary Public

STATE OF INDIANA }
COUNTY OF MARION } SS:

I, Thomas M. Ober, 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 full 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 president or a vice-president and the secretary or an assistant secretary, 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 5 day of August

A. D., 19 92

(SEAL)

Form 9-1459 (8-80)

Thomas M. Ober
Assistant Secretary

132-920

State of Indiana
County of Lake

Before me, the undersigned authority in and for said County and State, on this day personally appeared Mary E. Brown known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same act and deed of AMERICAN STATES INSURANCE COMPANY and as the Attorney-in-fact thereof, and for the purposes and considerations therein expressed and in the capacity therein stated.

Given under my hand and seal this 5 day of August 19 92

My commission expires 02-14-1994

Muriel L. Wiersbe
NOTARY PUBLIC

