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AMERICAN STATES INSURANCE COMPANY

INDIANAPOLIS, INDIANA

EX 508-346

93016195

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 payment 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 is ONE (1) Years, beginning with the 11th day of February 19 93 and ending with the 11th day of February 19 94.

NOW, THEREFORE, The conditions of this obligation is such that each Principal, while occupying and performing the duties as listed in the attached Schedule, or added 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.

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

- FIRST: That any 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 not 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 loss as a result of the acts of any official covered hereunder, 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.

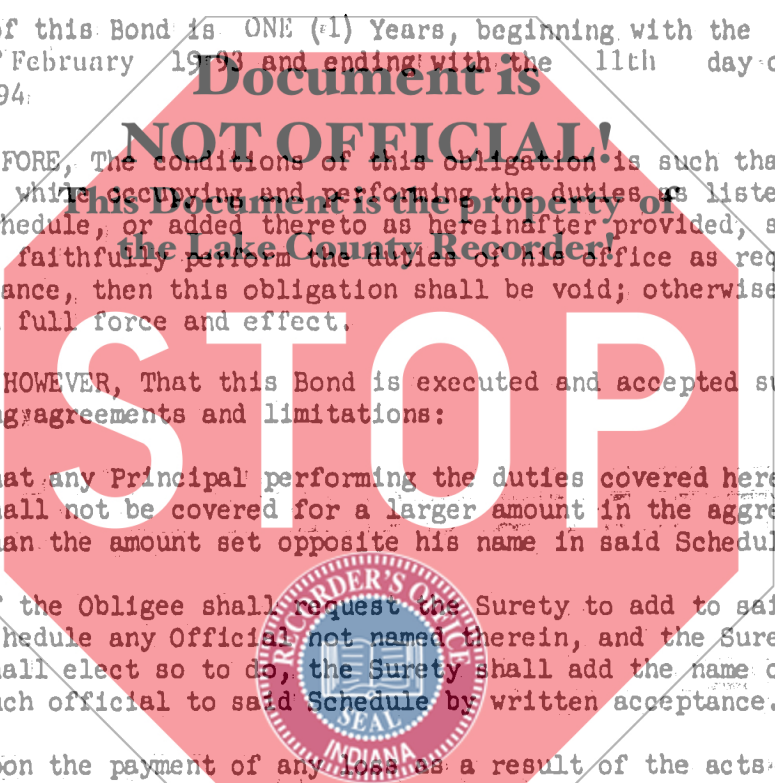
SIGNED, SEALED, AND DATED this 22nd day of January, 19 93

AMERICAN STATES INSURANCE COMPANY

By Dorothy Sutphin
Attorney-in-Fact
Dorothy Sutphin

Countersigned
By [Signature]
Agent

Form 9-1083
(11-59)



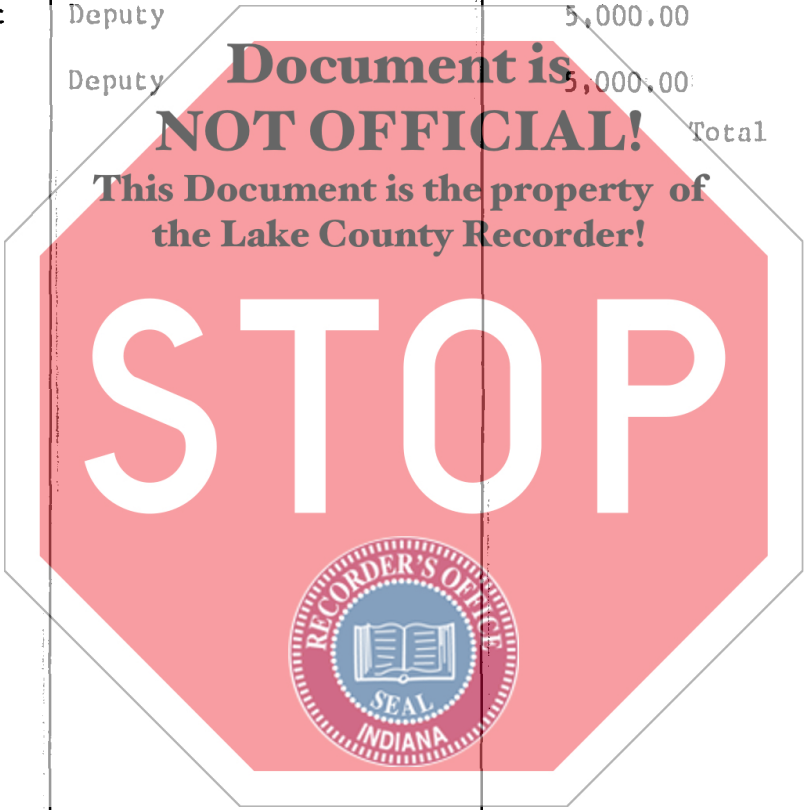
STATE OF INDIANA/S.S.NO.
 LAKE COUNTY
 FILED FOR RECORD
 MAR 12 3 51 PM '93
 SAMUEL W. ELICH
 RECORDER

MC

SCHEDULE OF EMPLOYEES OR POSITIONS COVERED

by attached Schedule Bond No. EX 508-346 in favor of Town of Dyer

NO.	NAME	POSITION	LIABILITY	PREMIUM
1.	Jill Hoffman	Chief Deputy	\$5,000.00	\$50.00
2.	Charlene Kovanda	Deputy	5,000.00	50.00
3.	Nancy O'Crobinak	Deputy	5,000.00	50.00
4.	Phyllis Lukstein	Deputy	5,000.00	50.00
5.	Ann Kanz	Deputy	5,000.00	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	5,000.00	50.00
			Total	\$400.00





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 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 Second Vice-President, attested by its Assistant Vice-President and its corporate seal to be hereto affixed this 31st day of December A.D. 19 92

Document
NOT OFFICIAL!

This Document is the property of Joseph F. Heim
Assistant Vice-President of the Lake County Recorder By Joseph J. Rosich Second Vice-President

STATE OF INDIANA }
COUNTY OF MARION } SS

On this 31st day of December, A.D., 19 92, 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 Second 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 attached the above instrument.

KATHLEEN FORD, NOTARY PUBLIC
JOHNSON COUNTY, STATE OF INDIANA
MY COMMISSION EXPIRES: 12/2/94

Kathleen Ford
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:

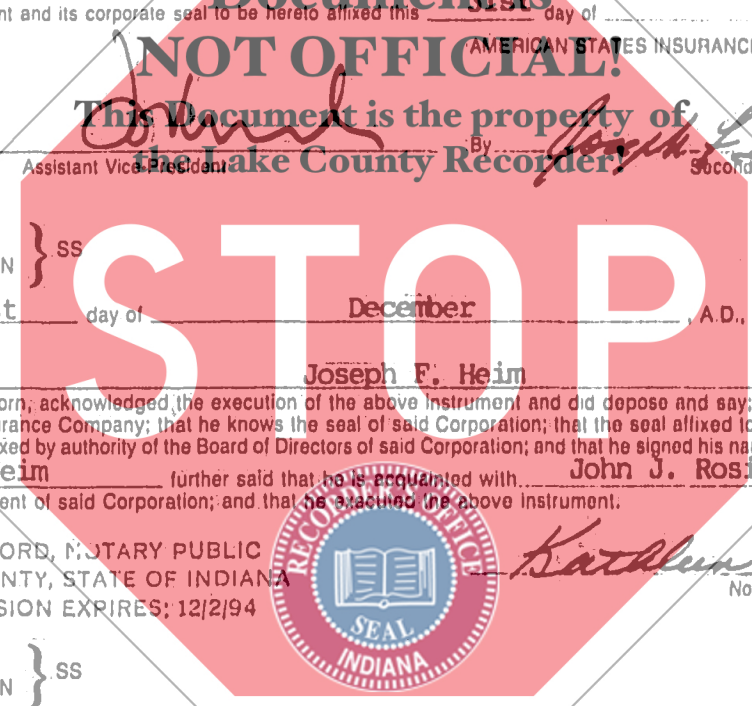
"All policies and other instruments of insurance issued by the Corporation shall be signed on behalf of the Corporation by the Chairman, the president or any vice-president (including any Executive Vice-President, Senior Vice-President, Vice-President, Second Vice-President, or Assistant Vice-President) and the secretary, 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 2nd day of January, A.D., 19 93.

Joseph J. Rosich
Assistant Vice-President

THIS POWER OF ATTORNEY MUST CONTAIN 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.

WARNING
THIS IS NOT A VALID POWER OF ATTORNEY IF THIS STATEMENT DOES NOT APPEAR IN RED INK AND IF THE RED DIAGONAL IMPRINT — AMERICAN STATES INSURANCE — IS NOT PRESENT IN ITS ENTIRETY.



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