

KNOW ALL MEN BY THESE PRESENTS, That we, .....

ROBERT J. NICKOVICH.....

.....Crown Point, IN as principal and.....

.....AMERICAN STATES INSURANCE COMPANY, Indianapolis, IN as surety.....

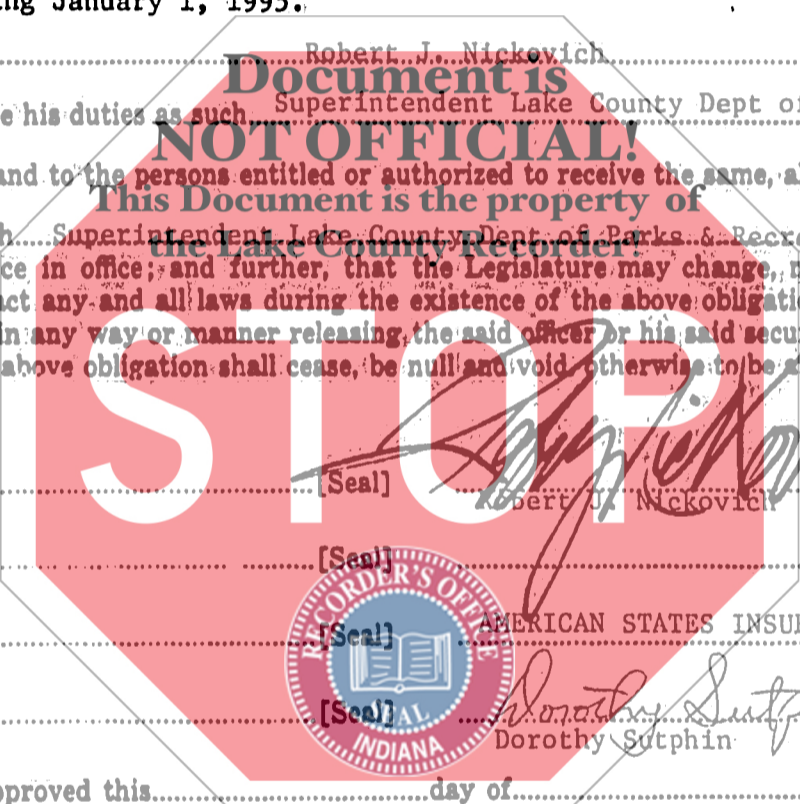
are held and firmly bound unto The State of Indiana, and for the benefit of persons concerned or aggrieved, in the penal sum of..... FIFTY THOUSAND AND NO/100..... (\$50,000.00) Dollars, to the payment of which well and truly to be made, we bind ourselves, our heirs, executors and administrators, jointly and severally, firmly by these presents. Sealed with our seals, and dated this..... 6th..... day of..... December..... A. D. 19..93.. The condition of the above obligation is as follows, viz.:

NOW THE CONDITION OF THIS OBLIGATION IS SUCH,

WHEREAS, the above named and bounden..... Robert J. Nickovich.....

has been duly elected and commissioned or appointed..... Superintendent Lake County Dept of Parks & Recreation..... of..... in and for..... Lake..... County, in the State of Indiana, aforesaid, for the term beginning from the..... 1st..... day of..... January..... A. D. 19..94..... and ending January 1, 1995.

Now, if the said..... Robert J. Nickovich..... shall faithfully perform and discharge his duties as such..... Superintendent Lake County Dept of Parks & Recreation..... 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..... Superintendent Lake County Dept of Parks & Recreation..... 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.



STATE OF INDIANA  
OFFICE OF THE RECORDER  
LAKE COUNTY  
1993 NOV 13 11:39 AM

[Seal] Robert J. Nickovich [Seal]  
[Seal] AMERICAN STATES INSURANCE COMPANY [Seal]  
[Seal] Dorothy Sutphin [Seal]  
Dorothy Sutphin Attorney-in-fact

Accepted and approved this..... day of....., A. D. 19.....

State of Indiana,..... County, ss:

Personally appeared before me, .....

in and for said County and State aforesaid, 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 ..... to the best of my skill and ability."

Subscribed and sworn to before me, this..... day of....., 19.....

N/C

**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

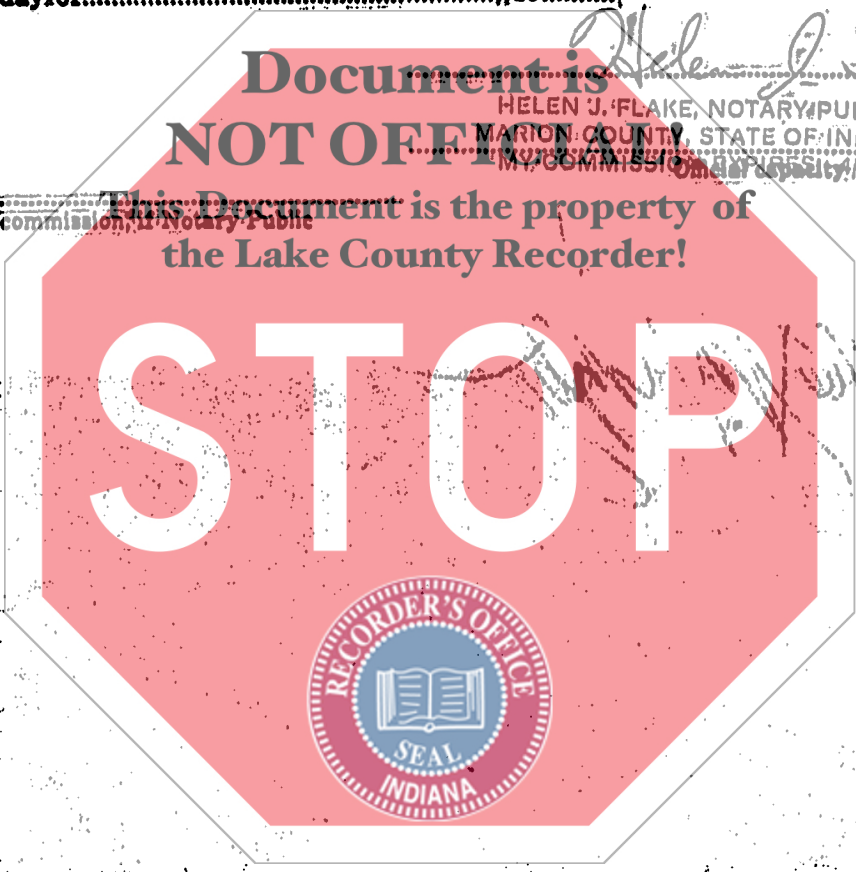
**ACKNOWLEDGMENT OF SURETY**

STATE OF IN COUNTY OF Marion, SS:

Comes now American States Insurance Co. by Dorothy Sutphin its agent, surety upon the bond appearing on the reverse side hereof and acknowledges the execution of said bond this 6th day of December, 19 93.

Document is NOT OFFICIAL  
HELEN J. FLAKE, NOTARY PUBLIC  
MARION COUNTY, STATE OF INDIANA  
MY COMMISSION EXPIRES 3/96

This Document is the property of the Lake County Recorder!



OFFICIAL BOND

STATE OF INDIANA

Filed in the Office

A. D. 19

and recorded in Bond Record

page

A. D. 19

33082741

# 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, Joseph F. Heim, its Assistant Vice-President and its corporate seal to be hereunto set, this 31st day of December, A.D. 1992.

ATTEST: Joseph F. Heim Assistant Vice-President  
John J. Rosich Second Vice-President

STATE OF INDIANA }  
COUNTY OF MARION } SS:  
On this 31st day of December, A.D., 1992, 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 executed 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 6th day of Dec, A.D., 1993.

Joseph F. Heim  
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.

740-747