

# The Ohio Casualty Insurance Company

136 North Third Street, Hamilton, Ohio 45025

94030580

Form S-3853b - License or Permit Bond - 10-91-15.4

BOND

3-111-943

		ALL MEN BY THESE PRE	•			
: 	CASUALTY INST	LE, ILLINOIS (h URANCE COMPANY, an (d the Surety) as Surety, are CITIES AND TOWNS THERE	Ohio corporation with proheld and firmly bound u	incipal offices at H	amilton, Ohio INDIANA	
	Obligee), in the po (\$.5.000.00 selves, our heirs, o	enal sum ofFLVE THOUSAN ) Dollars, for the payment of executors, administrators, so  This Document of the payment of the	D DOLLARS AND NO/100 of which well and truly t uccessors and assigns, joi	o be made we do he	reby bind our-	
	WHERE for { a license as	AS, the said Principal has CONTRACTOR UNDER	made or is about to	make application to ACTOR BONDING OR	said Obligee	
	for a term beginni	ing on4-21-94	and ending	on 12-31-94; if license or permit is issued	<u>.</u>	
	ing by reason of license or permit	HEREFORE, If the Principa the failure of said Principa is granted, or any lawful erwise to be remain in full	l to comply with the law	vs or ordinances und	er which such	
	PROVIDED, HOWEVER, AND UPON THE FOLLOWING EXPRESS CONDITIONS:					
	cancelled in according term, and is renew term (s) upon the ceptable to the Ob	bond shall be and remain in dance with paragraph 2 bel wed for one or more specific execution, by the Surety, of bliggee. In no event, however, od to period, nor exceed the	ow; but if said license of terms, this bond will be a Continuation Certification shall the liability of the	r permit was issued extended to cover s ite, provided such ce Surety be cumulative	for a specific uch additional rtificate is ac- e from year to	
	2. The Surety shall have the right to terminate its liability hereunder by notifying in writing  OFFICE OF CITY CLERK, LAKE COUNTY, INDIANA  (Give name and address of department or official to whom notice should be addressed)					
COUNTE	ten (10) days in a RSIGN BY:	dvance of its intention so to	do.	•••••••••••••••••••••••••••••••••••••••		
MES	es & Tray		Louil	d D. Delina	<del>C</del>	
INDIAN	APOLIS, ÍNDIANA		THE OHIO CASU	JALTY INSURANC	E COMPANY	
			Ву	Lee 14. 16ea	2Qu	

### AFFIDAVIT OF ATTORNEY-IN-FACT FOR SURETY

STATE OFILLINOIS		
COUNTY OFRUPAGE	SS.	
	Document is	
On thisday of.	NOT OFFICIAL!	, 19, before me
personally appeared	This Document is the Noperty of JOHNI R. R. RIEMEN corder!	Attorney-in-fact,
	Company, with whom I am personally acquain	
	, that he resides in	
ed the within instrument; that he the said instrument is such corpor	sualty Insurance Company, the corporation name e knows the corporate seal of said corporation rate seal; that it was so affixed by order of the gned and executed the said instrument as Atto	; that the seal affixed to e Board of Directors of
poration by like order.	The state of the s	d
"My Fornmission expixes."	20/97 Dalau (	Meyes
FOR ARBARA MEYER	/	Notary Public.
IOTARÝ PURHC STATE OF HUNOIS \$		V

#### CERTIFIED COPY OF POWER OF ATTORNEY

## THE OHIO CASUALTY INSURANCE COMPANY

HOME OFFICE, HAMILTON, OHIO

No. 29-380

Know All Men by These Presents: That THE OHIO CASUALTY INSURANCE COMPANY, in pursuance of authority granted by Article VI, Section 7 of the By-Laws of said Company, does hereby nominate, constitute and appoint:

John R. Riemen - - - - - - - - - - of Hinsdale, Illinois - - -

its true and lawful agent and attorney -in-fact, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all BONDS, UNDERTAKINGS, and RECOGNIZANCES, not exceeding in any single instance

ONE HUNDRED THOUSAND - - - - - - - - - - - - - - (\$ 100,000.00 - - 7) Dollars, excluding, however, any bond(s) or undertaking(s) guaranteeing the payment of notes and interest thereon

And the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Company, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the Company at its office in Hamilton, Ohio, in their own proper persons.

The authority granted hereunder supersedes any previous authority heretofore granted the above named attorney(s)-in-fact.



STATE OF OHIO, COUNTY OF BUTLER In WITNESS WHEREOF, the undersigned officer of the said The Ohio Casualty Insurance Company his hereunto subscribed his name and affixed the Corporate Seal of the and the Ohio Casualty Insurance Company this 14th day of May 19 93.

OTOFFICIAL

This Document is the property of On this the I4the County of Recorded

A. D. 19 **93** before

the subscriber, a Notary Public of the State of Ohio, in and for the County of Butler, duly commissioned and qualified, came Lloyd E. Geary, Assistant Secretary of THE OHIO CASUALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn deposeth and saith, that he is the officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate Seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said

Corporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at the City of Hamilton, State of Ohio, the day and year first above written.

Notary Public in and for County of Butlet, State of Ohio

My Commission expires August 5, 1997.

This power of attorney is granted under and by authority of Article VI, Section 7 of the By-Laws of the Company, adopted by its directors on April 2, 1954, extracts from which read:

"Section 7. Appointment of Attorney-in-Fact, etc. The chairman of the board, the president, any vice-president, the secretary or any assistant secretary shall be and is hereby vested with full power and authority to appoint attorneys-in-fact for the purpose of signing the name of the Company as surety to, and to execute, attach the corporate seal, acknowledge and deliver any and all bonds, recognizances, stipulations, undertakings or other instruments of suretyship and policies of insurance to be given in favor of any individual, firm, corporation, or the official representative thereof, or to any county or state, or any official board or boards of county or state, or the United States of America, or to any other political subdivision."

This instrument is signed and sealed by facsimile as authorized by the following Resolution adopted by the directors of the Company on May 27, 1970:

"RESOLVED that the signature of any officer of the Company authorized by Article VI Section 7 of the by-laws to appoint attorneys in fact, the signature of the Secretary or any Assistant Secretary certifying to the correctness of any copy of a power of attorney and the seal of the Company may be affixed by facsimile to any power of attorney or copy thereof issued on behalf of the Company. Such signatures and seal are hereby adopted by the Company as original signatures and seal, to be valid and binding upon the Company with the same force and effect as though manually affixed."

#### **CERTIFICATE**

I, the undersigned Assistant Secretary of The Ohio Casualty Insurance Company, do hereby certify that the foregoing power of attorney, Article VI Section 7 of the by-laws of the Company and the above Resolution of its Board of Directors are true and correct copies and are in full force and effect on this date.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Company this day of A.D., 19



Much / Schmidt

**Assistant Secretary**