

DUPLICATE ORIGINAL



The Ohio Casualty Group of Insurance Companies

134 North Third Street, Hamilton, Ohio 45025

BOND #3219540

KNOW ALL MEN BY THESE PRESENTS That we, St. Anthony Medical Center
of 1201 S. Main St., Crown Point, IN (hereinafter called the **Principal**) as **Principal**, and **THE OHIO CASUALTY INSURANCE COMPANY**, an Ohio corporation with principal offices at Hamilton, Ohio, (hereinafter called the **Surety**) as **Surety**, are held and firmly bound unto all Cities, Towns & Municipalities in Lake County, IN (hereinafter called the **Obligee**), in the penal sum of Five Thousand Dollars & no/100***** (\$5,000.00**) Dollars, for the payment of which well and truly to be made we do hereby bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SIGNED AND SEALED this 16th day of February, 1996.

WHEREAS, the said **Principal** has made or is about to make application to said **Obligee** for a license as General Contractor a permit to

for a term beginning on December 31, 1995 and ending on December 31, 1996

NOW, THEREFORE, If the **Principal** shall indemnify the **Obligee** against any loss directly arising by reason of the failure of said **Principal** to comply with the laws or ordinances under which such license or permit is granted, or any lawful rules or regulations pertaining thereto, then this obligation shall be and otherwise to be and remain in full force and effect.

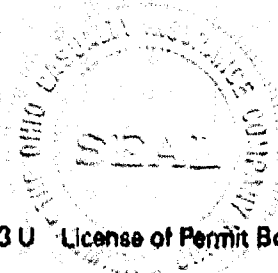
PROVIDED, HOWEVER, AND UPON THE FOLLOWING EXPRESS CONDITIONS:

1. This bond shall be and remain in full force during the term of said license or permit, unless cancelled in accordance with paragraph 2 below; but if said license or permit was issued for a term of one year or any other specific term, and said license or permit is renewed for one or more specific terms, this bond shall be and is hereby extended to cover during such additional term or terms. In no event, however, shall the liability of the **Surety** be cumulative from year to year or from period to period, nor exceed the penal sum written in the first paragraph of this bond.

2. The **Surety** shall have the right to terminate its liability hereunder by notifying in writing Lake County Recorder's Office, 2293 N. Main St., Crown Point, IN 46307

ten (10) days in advance of its intention so to do.

X Karen M. Krivickas
for St. Anthony Med. Center
THE OHIO CASUALTY INSURANCE COMPANY
By Doreen K. Faldzinski
Doreen K. Faldzinski Attorney-in-fact



Form S 3853 U License of Permit Bond 8-70-10M

96010837

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

96 FEB 20 PM 1:05
RECORDED

Ex 701-205

Handwritten initials/signature

CERTIFIED COPY OF POWER OF ATTORNEY
THE OHIO CASUALTY INSURANCE COMPANY

HOME OFFICE, HAMILTON, OHIO

No. 31-257

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:

Gordon Bates or John C. Barber or G. Michael Winslow
Mark A. Bates or Doreen K. Faldzinski or Laura L. Pahl of Crown Point, Indiana - -
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

TWO MILLION FIVE HUNDRED THOUSAND - - - - - (\$ 2,500,000.00 - -) 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.

In WITNESS WHEREOF, the undersigned officer of the said The Ohio Casualty Insurance Company has hereunto subscribed his name and affixed the Corporate Seal of the said The Ohio Casualty Insurance Company this **5th** day of **October** 19 **95**.

Lloyd E. Geary
Assistant Secretary



STATE OF OHIO,
COUNTY OF BUTLER

} SS.

On this **5th** day of **October** A. D. 19 **95** 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 deposed 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.

Cheryl S. Gregory
Notary Public in and for County of Butler, 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:

"ARTICLE VI"

"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 **16** day of **Feb** A.D., 19 **96**

Mark J. Schmidt
Assistant Secretary

