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KNOW ALL MEN BY THESE PRESENTS, Th	at we, MARGSHETTE CLEVELAND RECORDER
Dyer,IN.as.principal.and	
AMERICAN STATES INSURANCE COMPANY, I	ndianapolis, IN as surety nd for the benefit of persons concerned or aggrieved, in
the penal sum of SEVENTY FIVE THOUSAND AND Dollars, to the payment of which well and truly to be	NO/100(\$75,000,00) made, we bind ourselyes, our heirs, executors and admin-
istrators, jointly and severally, firmly by these presen	nts. Sealed with our seals, and dated this 8th
day of	he condition of the above obligation is as follows, viz.;
now the condition of	THIS OBLIGATION IS SUCH,
WHEREAS, the above named and bounden	Cora Sue Mollick
has been duly elected and commissioned or appointed	L Deputy Treasurer Lake Central in and
for Lake County, in	School Corporation the State of Indiana, aforesaid, for the term beginning
xiaxdulyxqualified ending November 4, 1996.	nberA. D. 19.95 and untivities secondor.
Now, if the said	Sue Mollick shall faithfully
perform and discharge his duties as such. DeputyT	reasurer. Lake Central School Corporation
	uthorized to receive the same, all moneys that may come
during his continuance in office; and further, that now in force, and exact any and all laws during the Legislature, without in any way or manner releasing	central School Corporation the Legislature may change, modify or repeal any law existence of the above obligation at the pleasure of the the said officer or his said securities on said bond; then, null and void, otherwise to be and to remain in full force
	A 1 1 10 10 12 12
[Seal]	Cora Sue Mollick [Seal]
[Seal]	[Seal]
[Seal]	AMERICAN STATES INSURANCE COMPANY [Seal]
[Seal]	Dojothy Sulphin [Seri]
	Dorothy Sutphin Attorney-in-fact
Accepted and approved this	day of, A. D. 19
State of Indiana, Leke	
Personally appeared before me,	Cora Sue Mollick
In and for said County and State atoresata,	Cora Sue Möllick
who being sworn, upon his oath says:	And the Charles of Indian and I will design fully
	tates and of the State of Indiana, and I will faithfully,
honestly and impartially discharge the duties of the	
to the best of my skill	and solity."
	Cora & multial
Subscribed and sworn to before me, this	8th day of January , 19.96.
·Form 8-1081 9-81	Notary - Expiration Date 7/24/98

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ACKNOWLEDGMENT OF PRINCIPAL

Expiration date of commission, if Notary Public ACKNOWLEDGMENT OF IN COUNTY OF Marion Comes now American States Insurance Co. by agent, surety upon the bond appearing on the reverse side hereof that this 8th day of December 19.95	
ACKNOWLEDGMENT OF ATE OFIN	
ACKNOWLEDGMENT OF ATE OFIN	······································
ACKNOWLEDGMENT OF ATE OFIN	
ACKNOWLEDGMENT OF INCOUNTY OFMarion. Comes now American States Insurance Coby agent, surety upon the bond appearing on the reverse side hereof at this	Official capacity
Comes now American States Insurance Co	
Comes now American States Insurance Co. by agent, surety upon the bond appearing on the reverse side hereof and this Sth. day of December. 19.95. Expiration date of commission, if Notary Public AND BY TOWNS OF THE PUBLIC OF	SURETY
Comes now American States Insurance Co. by agent, surety upon the bond appearing on the reverse side hereof and this Sth. day of December. 19.95. Expiration date of commission, if Notary Public AND BY TOWNS OF THE PUBLIC OF	, SS:
M Expiration date of commission, if Notary Public	orothy Sutphin,
Expiration date of commission, if Notary Public INDIANA OMG	그의 김 점점 중점점 그 사람들을 가셨다는 것 같아?
Expiration date of commission, if Notary Public INDIANA Office Office In Bond I	111 / -
Expiration date of commission, if Notary Public INDIANA Office Office In Bond I	Hele J. Lek
TAL BOND INDIANA	HELEN J. FLAKE, NOTARY PUBLIC RION COUNTY, STATE OF 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 Indiana, Indiana, hath made, constituted and appointed, and does by these presents make,

Inclianabolis a true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and elevier any and all bonds, recognizances, contracts of indemnity and other conditionate or obligatory understating. 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 Including the penal sum of any one such as a such bonds were signed by the President, sealed with the common seal of the Corporation and penal pe	onstitute and appoint SALLY TINKLE, DOROTHY	SUTPHIN, LIND	A S. PING OR	HELEN J. FLAKE	
IN WITNESS WHEREOF, American States Insurance Company has caused these presents to be signed by its Second Vice-President, attested by its Sasistant Vice-President and its corporate seal to be hereto affixed this 31st day of AMERICAN STATES INSURANCE COMPANY AMERICAN STATES INSURANCE COMPANY Assistant Vice-President By AMERICAN STATES INSURANCE COMPANY Assistant Vice-President On this 31st day of December , A.D., 19 92, before me personally came Jone 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 did instrument is such corporates less; that it was oa affixed by subtricty of the Board of Directors of said Corporation; and that he signed his name thereto under like suthority. And said Joseph F. Heim Sastant Vice-President of said Corporation; and that he signed his name thereto under like suthority. And said Joseph F. Heim Assistant Vice-President of said Corporation; and that he secured the above instrument. KATHLEEN FORD, NOTARY PUBLIC JOHNSON COUNTY, STATE OF INDIANA ANY COMMISSION EXPIRES; 12/2/94 STATE OF INDIANA COUNTY OF MARION SS STATE OF INDIANA COUNTY OF MARION SS The 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 offer instruments of insurance issued by the Corporation shall be signed on behalf of the Corporation by the Chairman, the president of any vice-president, second Vice-President, or Assistant Vice-President, Second Vice-President, Second Vice-President, or Assistant Vice-President, Insurance shall have been actually issued by the Corporation, may be Lacsimille under and by the authorized representative of the Corporation, may be Lacsimille under and by the authorized representative of the Corporation, may be Lacsimille under and by the authorized representative of	s true and lawful Attorney(s)-in-Fact, with full power a eliver any and all bonds, recognizances, contracts of ind that the penal sum of any one FIVE HUNDRED THOUSAND AND NO/1 and to bind the Corporation thereby as fully and to the same end duly attested by its Secretary, hereby ratifying and confirm may be revoked pursuant to and by authority granted "The Chairman, the President or any Vice-Presider or Assistant Vice-President) shall have power, by and as the business of the Corporation may require a recognizances, stipulations and undertakings, whe	emnity and other condition such instrument OO (\$500,000,00 extent as if such bonds were raing all that the said Attorney Section 7.07 of the By-Law at (including any Executive d with the concurrence with and to authorize any such either by way of surety or other such including any such extends the such concurrence with and to authorize any such either by way of surety or other such including any such extends the such concurrence with and to authorize any such extends the such concurrence with the such concu	at or obligatory undertal t. executed he D) DOLLARS — signed by the President, sy(s)-in-Fact may do in the vs of the American State; vice-President, Senior \ any other officer of the C person to execute, on the herwise"	e and stead, to execute, kings, provided, reunder shall sealed with the common sea e premises. This Power of A is Insurance Company, whice President, Second Victorporation, to appoint Attorn shall of the Corporation,	not exceed of the Corporation ttorney is executed th reads as follows: -President neys-in-fact any bonds,
Assistant Vice-President STATE OF INDIANA COUNTY OF MARION On this 31st day of December , A.D., 19 92, before me personally came JOSEPH F. Heim , to me known, who cheing by me duly sworn, acknowledged the execution of the above instrument and did depose and say; that he is a Second Vice-President of twertican States Insurance Company; that he knows the seal of said Corporation; that the seal affixed to the said instrument is such corporates set; that it was so affixed by submority of the Board of Directors of said Corporation; that the seal affixed to the said instrument is such corporate 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 STATE OF INDIANA SCOUNTY OF MARION SS T. JOHN SON COUNTY, STATE OF INDIANA MY COMMISSION EXPIRES; 12/2/94 STATE OF INDIANA COUNTY OF MARION SS T. JOHN SON COUNTY, STATE OF INDIANA MY COMMISSION EXPIRES; 12/2/94 STATE OF INDIAN		Company has caused thes	a presente to he cioned	by its Second Vice-Presid	ent, attested by its
Assistant Vice-President Second Vice-President Second Vice-President Second Vice-President Second Vice-President Second Vice-President Second Vice-President Joseph F. Heim Io me known, who seed, that it was so affixed by authority of the Board of Directors of said Corporation; that the seal affixed to the said instrument is such corporation seed, 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 Iurther said that he is acquainted with JOHN J. ROSICH and knows him to be the Assistant Vice-President of said Corporation; and that he signed his name thereto under like authority. And said JOHN J. ROSICH and knows him to be the ASSICH SECONDARY PUBLIC JOHNSON COUNTY, STATE OF INDIANA MY COMMISSION EXPIRES: 12/2/94 STATE OF INDIANA COUNTY OF MARION SS I. JOHN J. ROSICH The Assistant Vice-President of AMERICAN STATES INSURANCE COMPANY, do hereby certify that he 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, Second	.b. 19 <u>. 92</u>		and a first of the contract of	NCE COMPANY	
Joseph F, Heim	Assistant Vice-President		Sec	ond Vice-President	
eing by me duly sworn, acknowledged the execution of the above instrument and did depose and say; that he is a Second Vice-President of merican States Insurance Company; that he knows the seal of said Corporation; that the seal affixed to the said instrument is such corporate sal; 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 [urther said that he is acquainted with John J. Rosich and knows him to be the seistant 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 TATE OF INDIANA OS SS COUNTY OF MARION SS TATE OF INDIANA SSS TOTAL TO THE Assistant Vice-President of AMERICAN STATES INSURANCE COMPANY, do hereby certify that he 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 shorters 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, this Such Such Corporation, this Such Such Such Such Such Such Such Such	On this 315t day of	December	^ ^ A	D., 19 <u>92</u> , before me	personally came
COUNTY OF MARION I, John J. Rosich , the Assistant Vice-President of AMERICAN STATES INSURANCE COMPANY, do hereby certify that he 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 facsimilies. 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, this American day of American Science Company. In witness whereof, I have hereunto set my hand and affixed the seal of said Corporation, this	eal; that it was so affixed by authority of the Board of Di JOSEPH F. HEIM further said the assistant Vice-President of said Corporation; and that KATHLEEN FORD, NOTARY PUBLIC JOHNSON COUNTY, STATE OF INDIANA	rectors of said Corporation at he is acquainted with the executed the above	i; and that he signed his John J. Ro	name thereto under like i	uthority. And said
ne 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	STATE OF INDIANA				(Sea)
트리트 시간 교육이 보고 있는데 전기를 보고 있는데 함께 함께 함께 하는데 보고 있다면 사람이 되었다. 그는데 보고 있다면 보고 있는데 그는데 보고 있다면 보고 있다면 보고 있다면 다른데 보고 있다면 다른데	ne above and foregoing is a true and correct copy of a still in force and effect. This Certificate may be signed and sealed by fac NSURANCE COMPANY which reads as follows: "All policies and other instruments of insurance is: the president or any vice-president (including any E or Assistant Vice-President) and the secretary, assis by an authorized representative of the Corporation binding upon the Corporation notwithstanding the	Power of Attorney, execu- simile under and by the sued by the Corporation s executive Vice-President, to stant secretary, or other of n, may be facsimilles. Su fact that any such officer	authority of Section 8. shall be signed on beh Senior Vice-President, ficer, whose signatures ch signatures and fac r shall have ceased to	N STATES INSURANCE (03 of the By-Laws of AM alf of the Corporation by Vice-President, Second \ s, if the instrument is duly similes thereof shall be s	COMPANY, which ERICAN STATES the Chairman, lice-President, countersigned outhorized and
		and affixed the seal of	said Corporation, this	day of A	LE SUBSTITUTE OF THE PARTY OF T

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.