STATE OF INDIANA TIMBURANCE AMERICAN STATES INSUFFANCE COMPANY INDIANAPOLIS, INDIANA 46204-1275 TOWN OF ST. JOHN 4 790 STATE OF INDIANA STATE OF INDIANA STATE OF INDIANA OF ST. JOHN 4 790 OF ST. JO

ST.

	STREET PUBLIC OFFICIAL NAME SCHEDULE BOND IA 46373-9701 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 /), is held and firmly bound unto theSTATE_OF_INDIANA			
	set opposite the names of the Officials listed in the attached Schedule or as added to said schedule or provided, for the payment of which sums the Surety binds itself, its successors, and assigns, firmly sents.			
added thereto	AS, The Obligee desires to have the various named Officials, as listed in that attached schedule or as hereinafter provided, bonded for the faithful performance of their duties in the amounts set opposite ive names (each named Official being hereinafter called Principal).			
The term	n of this Bond is ONE (1) Years, beginning with the			
11th day	y of August , 19 <u>97</u> and ending with the <u>11th</u> day of <u>August</u> , 19 <u>98</u> .			
performing the truly and faith	HEREFORE, The conditions of this obligation are such that if each Principal, while occupying and ne duties as listed in the attached Schedule, or added thereto as hereinafter provided, shall well, holy perform the duties of his office as required by law or ordinance, then this obligation shall be use, it shall remain in full force and effect.			
PROVIDI Iimitations:	ED, HOWEVER, That this Bond is executed and accepted subject to the following agreements and			
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 9th day of September , 19 97			
	AMERICAN STATES INSURANCE COMPANY By Safly Tinkle Attorney-in-Fact			
Countersigne	ed: /			
By				
Agent 9-1083 (11-59)	Λ			



American States Insurance Company

INDIANAPOLIS, INDIANA

	E, LINDA S. PING OK	HELEN J. FLAKE	
Indianapolis	and State of	Indiana	
true and lawful Attorney(s)-in-Fact, with full power			
liver any and all bonds, recognizances, contracts of that the penal sum of any one	e such instrument ex	recuted hereunder shall	not exceed
FIVE HUNDRED THOUSAND AND NO			
d to bind the Corporation thereby as fully and to the same duly attested by its Secretary, hereby ratifying and cold may be revoked pursuant to and by authority granted. "The Chairman, the President or any Vice-Presion Assistant Vice-President) shall have power, by as the business of the Corporation may require recognizances, stipulations and undertakings, which MATTERS MATTERS A American Section 2019.	nfirming all that the said Attorney(s)-in d by Section 7.07 of the By-Laws of th dent (including any Executive Vice-P and with the concurrence with any off e and to authorize any such person whether by way of surety or otherwis	n-Fact may do in the premises. This Power of the American States Insurance Company, whit resident, Senior Vice-President, Second Vice ther officer of the Corporation, to appoint Atto to execute, on behalf of the Corporation, se"	Attorney is executed ich reads as follows: ce-President wneys-in-fact , any bonds,
IN WITNESS WHEREOF, American States Insuran		of June	dent attested by its
sistant Vice-President and its corporate seal to be h	-		
0. 1997	AMERICAN	STATES INSURANCE COMPANY	
200			
- wellen	_ //	1 1 1 2 2	
TEST: Assistant Vice President	Ву	Second Vice-President	
Assistant Floor Foundant		Coodina Vicesi Tesiaerii	TES INS
ATE OF INDIANA			
UNTY OF MARION SS			13 (200
UNITY OF MARION			()
On this 2nd day of	June	, A.D., 19 <u>97</u> , before m	e personally came
		,	, , , , , , , , , , , , , , , , , , , ,
	Joseph F. Heim		to me known, who
ng by me duly sworn, acknowledged the executiverican States Insurance Company; that he know it, that it was so affixed by authority of the Board of	s the seal of said Corporation; the Directors of said Corporation; and t	at the seal affixed to the said instrumen that he signed his name thereto under like	t is such corporate
Joseph F. Heim further said sistant Vice-President of said Corporation; and the said Corporation of			nows him to be the
BARBARA PONSLER, NOTARY PL		Milner Harde	
MARION COUNTY, STATE OF INC		Notary Public	
MY COMMISSION EXPIRES: 10/2/	2000	,	ARY PO
ATE OF INDIANA			2 (2,a)
			(.(324)
USS			POIAN
USS			
UNTY OF MARION SS 1, Mark A. Lawrence , the Assist above and foregoing is a true and correct copy of	lant Vice-President of AMERICAN f a Power of Attorney, executed by	STATES INSURANCE COMPANY, do said AMERICAN STATES INSURANCE	hereby certify that COMPANY, which
I, Mark A. Lawrence, the Assist above and foregoing is a true and correct copy of till in force and effect. This Certificate may be signed and sealed by four and the company which reads as follows:	f a Power of Attorney, executed by acsimile under and by the author	said AMERICAN STATES INSURANCE ity of Section 8.03 of the By-Laws of AM	COMPANY, which
INTY OF MARION 1, Mark A. Lawrence , the Assist above and foregoing is a true and correct copy of still in force and effect. This Certificate may be signed and sealed by four surface and other instruments of insurance the president or any vice-president (including any or Assistant Vice-President) and the secretary, as	f a Power of Attorney, executed by lacsimile under and by the author issued by the Corporation shall be y Executive Vice-President, Senior isistant secretary, or other officer, v	said AMERICAN STATES INSURANCE ity of Section 8.03 of the By-Laws of AM signed on behalf of the Corporation by Vice-President, Vice-President, Second whose signatures, if the instrument is duly	COMPANY, which MERICAN STATES the Chairman, Vice-President, y countersigned
INTY OF MARION I, Mark A. Lawrence , the Assist above and foregoing is a true and correct copy of still in force and effect. This Certificate may be signed and sealed by four surface to the president or any vice-president (including any or Assistant Vice-President) and the secretary, as by an authorized representative of the Corporation inding upon the Corporation notwithstanding the corporation of the corp	f a Power of Attorney, executed by lacsimile under and by the author- issued by the Corporation shall be Executive Vice-President, Senior isstant secretary, or other officer, tion, may be facsimilies. Such sign he fact that any such officer shall	said AMERICAN STATES INSURANCE ity of Section 8.03 of the By-Laws of All signed on behalf of the Corporation by Vice-President, Vice-President, Second whose signatures, if the instrument is duly natures and facsimiles thereof shall be have ceased to be such officer at the time.	COMPANY, which MERICAN STATES r the Chairman, Vice-President, y countersigned authorized and
INTY OF MARION 1. Mark A. Lawrence , the Assist above and foregoing is a true and correct copy of still in force and effect. This Certificate may be signed and sealed by four sold and sealed by four sold and other instruments of insurance the president or any vice-president (including any or Assistant Vice-President) and the secretary, as by an authorized representative of the Corporat binding upon the Corporation notwithstanding the or other instrument of insurance shall have been an witness whereof, I have hereunto set my harmonic processes the corporation of the corporati	f a Power of Attorney, executed by lacsimile under and by the author issued by the Corporation shall by Executive Vice-President, Senior isstant secretary, or other officer, vicon, may be facsimilies. Such signe fact that any such officer shall an actually issued by the Corporat	esaid AMERICAN STATES INSURANCE ity of Section 8.03 of the By-Laws of All esigned on behalf of the Corporation by Vice-President, Vice-President, Second whose signatures, if the instrument is duly natures and facsimiles thereof shall be have ceased to be such officer at the tition."	COMPANY, which MERICAN STATES r the Chairman, Vice-President, y countersigned authorized and
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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.



SCHEDULE OF EMPLOYEES OR POSITIONS COVERED by attached Schedule Bond No. EX 915-152 in favor of TOWN OF SAINT JOHN, INDIANA

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10.	NAME	POSITION	LIABILITY	PREMIUM				
1. 2. 3. 4. 5. 6. 7. 8. 9.	Frank M. Chapranda	Police Commisioner Sec. Police Pension Plan Town Council President Town Council-Maintenance Foreman Town Council - Vice President	\$5,000.00 \$8,500.00 \$5,000.00 \$5,000.00 \$5,000.00 \$5,000.00 \$5,000.00	\$18.00 \$30.00 \$18.00 \$18.00 \$18.00 \$18.00 \$18.00 \$18.00				
Fo	orm 9-1085 11-84)							