



# STATEWIDE INSURANCE COMPANY

P.O. BOX 799 60079-0799 • 325 NORTH GENESEE ST., WAUKEGAN, ILLINOIS 60085-4205 • 847/662-0073 • FAX 847/662-8162

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORDS

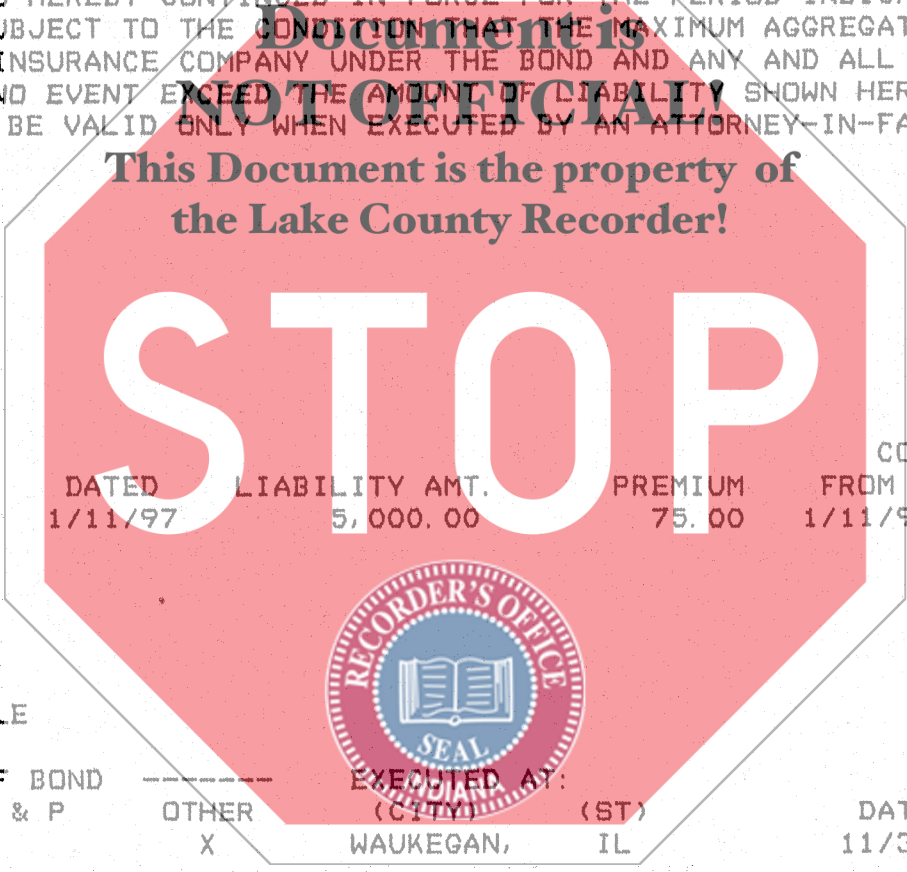
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MORRIS W. CARTER  
RECORDER

## CONTINUATION CERTIFICATE

IN CONSIDERATION OF AN AGREED PREMIUM PAYABLE IN ADVANCE, THE BOND DESCRIBED BELOW IS HEREBY CONTINUED IN FORCE FOR THE PERIOD INDICATED. CONTINUATION IS SUBJECT TO THE CONDITION THAT THE MAXIMUM AGGREGATE LIABILITY OF THE STATEWIDE INSURANCE COMPANY UNDER THE BOND AND ANY AND ALL CONTINUATIONS THEREOF SHALL IN NO EVENT EXCEED THE AMOUNT OF LIABILITY SHOWN HEREIN. THIS ENDORSEMENT SHALL BE VALID ONLY WHEN EXECUTED BY AN ATTORNEY-IN-FACT OF THIS COMPANY.



BOND NO.  
B102794

DATED  
1/11/97

LIABILITY AMT.  
5,000.00

PREMIUM  
75.00

FROM  
1/11/99

CONTINUED TO  
1/11/00

ON BEHALF OF  
J O MORY INC

IN FAVOR OF  
TOWN OF MERRIVILLE

----- TYPE OF BOND -----  
PRODUCER L & P

OTHER  
X

EXECUTED BY:  
(CITY) (ST)  
WAUKEGAN, IL

DATE  
11/30/98

STATEWIDE INSURANCE COMPANY

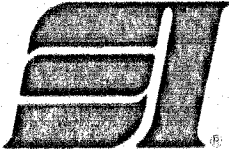
Stewart, Brimmer & Lear  
AGENCY OR ISSUING OFFICE

BY: Karen S. Hammer  
ATTORNEY-IN-FACT



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CKH  
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PHONE 847/662-0073 • FAX 847/662-4064

## POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That STATEWIDE INSURANCE COMPANY, an Illinois stock insurance corporation, does make constitute and appoint **ALICE J. SWANK, KAREN S. HAMMOCK, STUART O. SWANK OR EDWARD E. KULPIT EACH OF WAUKEGAN, ILLINOIS**

its true and lawful Attorney(s)-in-Fact, with full power and authority for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto if a seal is required, bonds, undertakings, recognizances or other written obligations in the nature thereof as follows:

**ALL WRITTEN INSTRUMENT IN AN AMOUNT NOT TO EXCEED AN AGGREGATE OF TWENTY FIVE THOUSAND (\$25,000) DOLLARS FOR ANY SINGLE OBLIGATION, REGARDLESS OF THE NUMBER OF INSTRUMENTS ISSUED FOR THE OBLIGATION.**

and to bind STATEWIDE INSURANCE COMPANY thereby, and all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are ratified and confirmed.

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of the STATEWIDE INSURANCE COMPANY, Waukegan, Illinois, at a meeting duly called and held on the 27th day of July, 1997.

"RESOLVED, that the Chairman of the Board, the Vice Chairman of the Board, the President, an Executive Vice President, a Senior Vice President or a Vice President of the company be, and that each or any of them hereby is, authorized to execute Powers of Attorney qualifying the attorney named in the given Power of Attorney to execute in behalf of STATEWIDE INSURANCE COMPANY, Waukegan, Illinois, bonds, undertakings and all contracts of suretyship; and that an Assistant Vice President, a Secretary or an Assistant Secretary be, and that each or any of them hereby is, authorized to attest the execution of any such Power of Attorney, and to attach hereto the seal of the Company.

FURTHER RESOLVED, that the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company when so affixed and in the future with respect to any bond, undertaking or contract or suretyship to which is attached."

In Witness Whereof, the STATEWIDE INSURANCE COMPANY, Waukegan, Illinois, has caused its official seal to be hereunto affixed and these presents to be signed by one of its Vice Presidents and attested by one of its Secretaries this **27TH** day of **JULY** 1997

ATTEST:

*Stuart O. Swank*  
Stuart O. Swank, Secretary



*Ralph W. Swank Jr*  
Ralph W. Swank, Jr., President

STATE OF ILLINOIS )  
COUNTY OF LAKE ) SS.

On this **27TH** day of **JULY** 1997 personally came before me, Ralph W. Swank, Jr. and Stuart O. Swank to me known to be the individuals and officers of the STATEWIDE INSURANCE COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the Board of Directors of said corporation.

**"OFFICIAL SEAL"**  
**Mary F. DeFilippis**  
**Notary Public, State of Illinois**  
**My Commission Expires 8-13-2000**

*Mary F. DeFilippis*  
Mary F. DeFilippis, Notary Public

### CERTIFICATE

I, the undersigned Assistant Secretary of the STATEWIDE INSURANCE COMPANY, an Illinois corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked, and furthermore, that the provisions of the By-Laws of the company and the Resolutions of the Board of Directors set forth in the Power of Attorney, are now in force.

Signed and sealed at the City of Waukegan this **30th** day of **NOVEMBER**, 19 **98**



*Roger J. Swarat*  
Roger J. Swarat, Assistant Secretary