office of Treasurer

Subscribed and sworn to before me, this

Personally appeared before me,

in and for said County and State aforesaid, who being sworn, upon his oath says:

2047 day

JENNIFER GROICH

yor Dec.

"I will support the Constitution of the United States and of the State of Inchana, and I will faithfully, honestly and impartially discharge the duties of the

Culond

exp. 12/12/2013

Form 9-1081 9-81 S-4966/AS 4/01

WEB PDF

to the best of my skill and ability."

WARNING

## \* AMERICAN STATES INSURANCE A pard LINCOLN NATIONAL CORPORATION

# 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 Indianapolis, Indiana, hath made, constituted and appointed, and does by these presents make, constitute and appoint \_\_\_\_\_\_\_ GORDON W. BATES. JCHN C. BARBER.

G. MICHAEL WINSLOW, MARK A. BATES OR AN	GELA JANUS
of Crown Point ar	d State of Indiana
	reby conferred in its name, place and stead, to execute, acknowledge and
deliver any and all bonds, recognizances, contracts of indemnity and other that the penal sum of any one such inst	r conditional or obligatory undertakings, provided, however, rument executed hereunder shall not exceed
	000.00) DOLLARS((
and to bind the Corporation thereby as fully and to the same extent as if such that duly attested by its Secretary, hereby ratifying and confirming all that the and may be revoked pursuant to and by authority granted by Section 7.07 of "The Chairman, the President or any Vice-President (including any or Assistant Vice-President) shall have power, by and with the concur as the business of the Corporation may require and to authorize recognizances, stipulations and undertakings, whether by way of second contents are considered to the corporation of the corpora	onds were signed by the President, sealed with the common seal of the Corporation said Attorney(s)-in-Fact may do in the premises. This Power of Attorney is executed the By-Laws of the American States Insurance Company, which reads as follows: Executive Vice-President, Senior Vice-President, Second Vice-President rence with any other officer of the Corporation, to appoint Attorneys-in-fact any such person to execute, on behalf of the Corporation, any bonds,
Assistant Vice-President and its corporate seal to be hereto affixed this _	C13
A.D. 19_97	AMERICAN STATES INSURANCE COMPANY
A.D. 19	AMERICAN STATES INSURANCE COMPANY
ATTEST: Meddle	By Joseph & Blein
Assistant Vice-President	Second Vice-President
STATE OF INDIANA SS DOCUME	
COUNTY OF MARION	
On this 6th day of Augus	A.D., 19_97 , before me personally came
This Documentoseph	F. Heimerty of , to me known, who
being by me duly sworn, acknowledged the execution of the above in American States Insurance Company; that he knows the seal of said	nstrument and did depose and say, that he is a Second Vice-President of Corporation; that the seal affixed to the said instrument is such corporate orporation; and that he signed his name thereto under like authority. And said
Joseph F. Heim further said that he is acquain Assistant Vice-President of said Corporation; and that he executed the said Corporation is a control of the said Corporation.	nted with Mark A. Lawrence and knows him to be the ne above instrument.
BARBARA PONSLER, NOTARY PUBLIC	Charles Quelle
MARION COUNTY, STATE OF INDIANA	TEMORIA TORDUN
MY COMMISSION EXPIRES: 10/2/2000	Notary Public
STATE OF INDIANA COUNTY OF MARION SS	(Sea)
I, Mark A. Lawrence , the Assistant Vice-Presiden	t of AMERICAN STATES INSURANCE COMPANY, do hereby certify that ey, executed by said AMERICAN STATES INSURANCE COMPANY, which
INSURANCE COMPANY which reads as follows:  "All policies and other instruments of insurance issued by the Corthe president or any vice-president (including any Executive Vice-Pror Assistant Vice-President) and the secretary, assistant secretary, or a secretary and or a secretary.	by the authority of Section 8.03 of the By-Laws of AMERICAN STATES poration shall be signed on behalf of the Corporation by the Chairman, resident, Senior Vice-President, Vice-President, Second Vice-President, or other officer, whose signatures, if the instrument is duly countersigned officer. Such signatures and facsimiles thereof shall be authorized and
	ch officer shall have ceased to be such officer at the time such policy by the Corporation."
In witness whereof, I have hereunto set my hand and affixed th A.D., <b>4</b> 2005	e seal of said Corporation, this day of

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.

Assistant Vice-President

**9-1459** (2-92)

### ACKNOWLEDGMENT OF PRINCIPAL

STATE OF INDIANA,	Lake	COUNTY, SS:			
Personally appeared before me	e, JENNIFER GRCICH		nringinal una	on the bond appearing	
on the reverse side hereof and acknowledg	ges the execution of said bond	d this, 30th		2005	
12/13/	1 >	Dla	nna J. Cleland Official capacity	, Notary Public	
Expiration date of comm					
	ACKNO	WLEDGMENT OF SURET	Y		
STATE OF INDIANA	COUNTY OF Lake		, SS:	, SS:	
Comes now AMERICAN STATES INS	URANCE COMPANY	by ANGELA JANUS	, its agent, s	surety upon the bond	
appearing on the reverse side hereof and a	cknowledges the execution of	of said bond this 20th	day of December	. 2005 .	
Expiration date of comm	NOT This Docu	OCUMENT IS COFFICIA Iment is the prop Re County Recor	der!		

S-4966/AS 4/01

#### HANOVER COMMUNITY SCHOOL CORPORATION P.O. Box 645 Cedar Lake, IN 46303

Prescribed by the State Board of Accounts (2005)

County form 170

#### Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby affirm under the penalties of perjury: mty Recorder!

- 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Signature of Declarant

Deanna J. Cleland, Deputy Treasurer Printed Name of Declarant