

AMERICAN STATES INSURANCE COMPANY
INDIANAPOLIS, INDIANA 46204-1275

EX 922596

PUBLIC OFFICIAL SCHEDULE BOND
(Name Form)

1. KNOW ALL MEN BY THESE PRESENTS, that American States Insurance Company
an Indiana corporation, authorized to transact business as Surety, in the
State of INDIANA as Surety, is held and firmly bound unto STATE OF
INDIANA as Obligee, in the
respective sums set opposite the names of the employees listed in the appropriate schedule,
or in an endorsement, for the payment of which well and truly to be made the Surety does
hereby bind itself, its successors, and assigns, firmly by these presents.

2. The condition of this obligation is such that if each such employee shall faithfully
discharge the duties of his office and shall promptly account for and pay over, according to
law, all money and property received by him by virtue of such office, or, in default thereof, shall
pay all damages, costs, and expenses resulting from such default or defaults, then this
obligation shall be void, otherwise to remain in full force and effect, subject, however, to the
terms and conditions hereinafter set forth.

3. This bond shall be effective from MAY 8, 2011 to
MAY 8, 2012. Employees named in the attached schedule are covered
on and after the effective date; employees added by endorsement shall be covered on and
after the date specified therein.

4. The coverage on each employee is from inception of coverage to its termination.
Regardless of the number of years this coverage remains in force either by this bond or any
renewal bond or the number of premiums paid, no limit of coverage cumulates from year to
year or period to period. The liability of the Surety for the failure of any employee to account for
and pay over shall be limited to the failure to account for and pay over funds actually in such
employee's possession during the period within which he is covered. If the coverage on any
employee for separate periods be for different amounts, the maximum liability of the Surety for
all the defaults of that employee shall not exceed the largest amount of coverage in force
during any period within which defaults shall have occurred, nor shall the coverage for one
period be available for defaults occurring within any other period. A failure to account in one
period shall not be considered a default occurring during that period unless the funds were
actually in the possession of the employee during such period. The coverage on each
employee is from inception of coverage to its termination.

5. Employees may be added to the schedule, or the amount of coverage on an employee
may be changed, upon the written application of the Obligee; such addition or change shall not
be effective until the Surety has executed and mailed to the Obligee an endorsement
accepting such addition or change, nor until the effective date specified therein.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 AUG 10 PM 3:06

MICHELLE R. FAJMAN
RECORDER

CONDITION
OF THE
OBLIGATION

2011 042945

WHEN
COVERAGE
EFFECTIVE
TERM

EXTENT OF
SURETY'S
LIABILITY

ADDITION OF
EMPLOYEES-
CHANGE OF
AMOUNTS

9-5669
(10-93)

AMOUNT \$ NC
CASH _____ CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____ XDP
NON-COM _____
CLERK BS

TEMPORARY
AUTOMATIC
COVERAGE

6. Any new employee, upon succeeding to a position vacated during the preceding thirty days by an employee who was then covered, shall be covered automatically for the first sixty days of his service for the same amount as his predecessor, but in no event for more than Five Thousand Dollars (\$5000). Any new employee, or any old employee not then covered, upon taking a newly created position, shall be covered automatically for the first sixty days of service for the smallest amount for which any employee in any position of that class is then covered, or if there is no other position of that class, for the largest amount for which any employee is then covered, but in no event for more than Five Thousand Dollars (\$5000). Recovery under this section for defaults of any employee may not be made unless claim be filed with the Surety within ten days after the expiration of the sixty day period, nor if, during the sixty day period, such employee be covered by schedule or addition thereto as hereinbefore provided.

DISCOVERING
AND REPORTING
LOSS, OR FACTS
INDICATING
LOSS

7. Upon discovery by the Obligeo of any loss or of facts indicating loss, the Obligeo shall promptly, and in any event within ten days thereafter, notify the Surety thereof by registered mail addressed to the Surety.

TERMINATION

8. The bond terminates in its entirety on the date specified in item 3. The coverage on any employee shall terminate when the employment terminates, or the Obligeo discovers or becomes aware of any default committed by such employee. The coverage on any employee, or the bond in its entirety, may be terminated by written notice from either of the parties to the other. Such notice from the Surety shall become effective thirty days after receipt thereof by the Obligeo; such notice from the Obligeo shall become effective immediately upon receipt thereof by the Surety.

CHANGES IN
PRINTED
PROVISIONS-
HOW MADE

9. The liability of the Surety shall not be affected by any attempt by anyone representing or purporting to represent the Surety to construe or interpret this bond, nor by any change in the printed provisions of the bond made otherwise than by written instrument duly executed by a Vice-President of the Surety or by a printed endorsement duly executed by an Attorney-in-Fact.

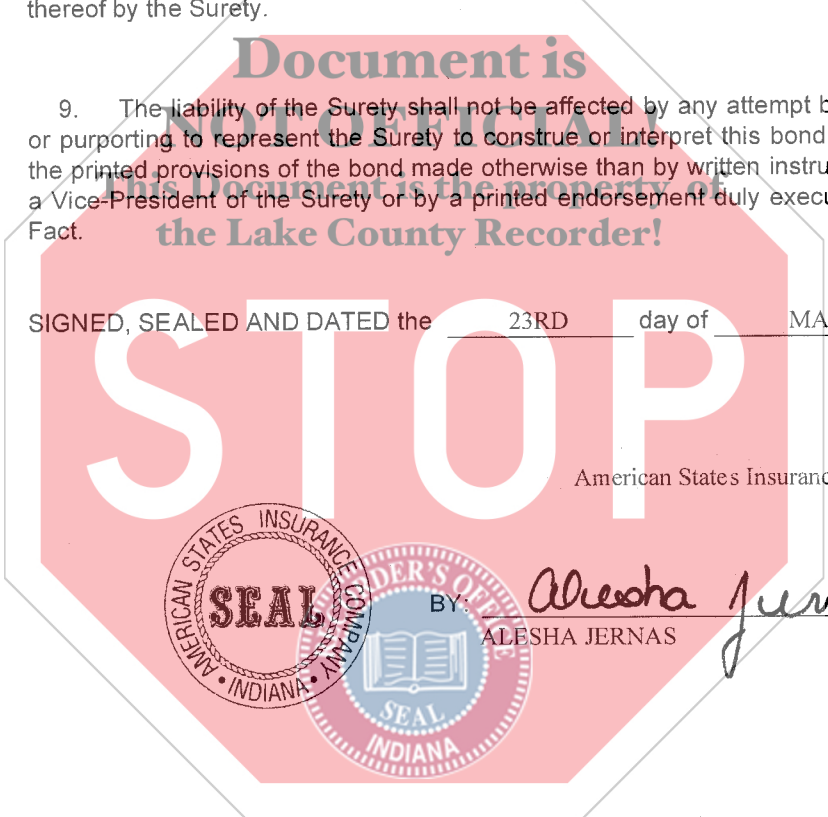
SIGNED, SEALED AND DATED the 23RD day of MARCH, 2011.

American States Insurance Company



BY: *Alesha Jernas*
ALESHA JERNAS

Attorney-in-Fact.



SCHEDULE OF EMPLOYEES COVERED HEREUNDER

ACCEPTANCE NUMBER	NAME	POSITION	LOCATION	LIABILITY	PREM.
	DR CHARLES COSTA	EXEC. DIRECTOR		\$ 5,000.00	\$ 17.50
	DR CARRIE CATE CLEMENTS	PROG COORDINATOR		5,000.00	17.50
	JOHN LEWIS	SPEC PROJECTS COORD.		5,000.00	17.50
	DAN DALLAS	TECHNOLOGY COORD.		5,000.00	17.50
	TOM DALY	SCHEDULING ASST		5,000.00	17.50
	KRISTEN OBERC	SECY/BOOKEEPER		5,000.00	17.50
	GLENDA SHURLOW	SECY/RECEPTIONIST		5,000.00	17.50
	WM. ED EARLEY	PT SCHEDULING ASST		5,000.00	17.50
	RICH BALCZO	PT SCHEDULING ASST		5,000.00	17.50
	KAREN CARTWRIGHT	PT SCHEDULING ASST		5,000.00	17.50
	JOANN POWERS	PROGRAMS ASST		5,000.00	17.50



Rate \$ _____ per Thousand, Annual Minimum Premium per employee, \$ _____

Annual Minimum Earned Premium per employee, \$ _____

Smith Insurance Agency
618 East Third Street
Hobart, IN 46342
Phone: 219-942-1148 Fax: 219-942-8094

MEMO

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ACCOUNT NO.	OP	DATE
NORIN-1	AP	07/26/2011
POLICY INFORMATION		
POLICY#		
E922596		
TYPE	EFFECTIVE	EXPIRATION
BOND	05/08/2011	05/08/2012

Northwest Indiana Educ Svc
C/O John Lewis
2939 41st St
Highland, IN 46322

John Lewis

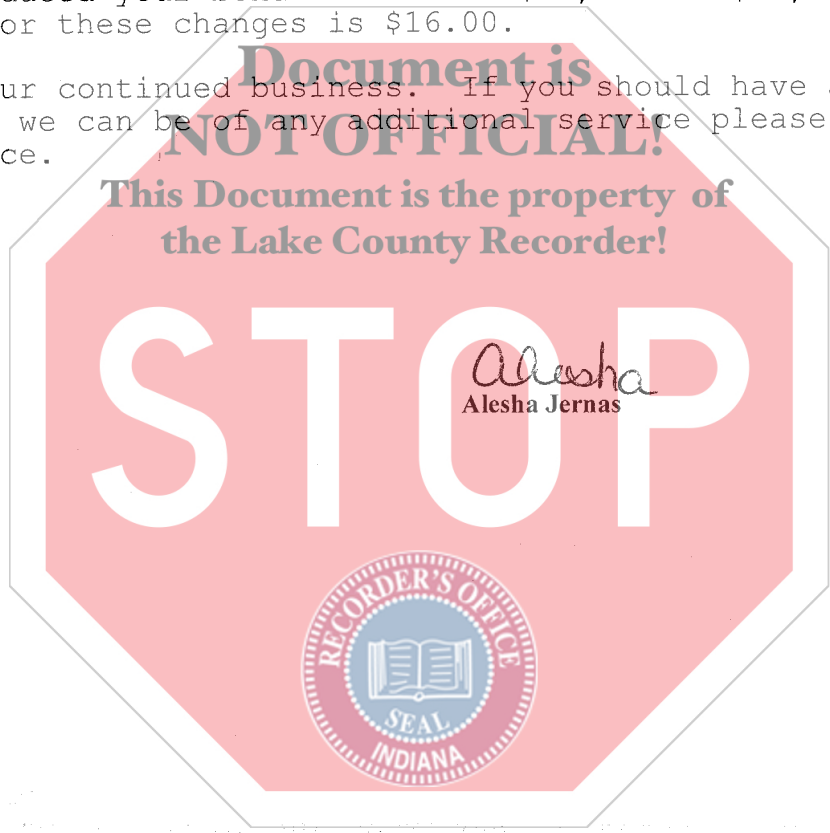
Re: Surety Bond Rider

Please attach the enclosed surety rider to your to your Public Official Name Schedule bond with Liberty Mutual.

The reason for this surety rider is: Effective 7/12/11 Deleted Dr. Carrie Cate Clements, Williamd Ed Early, Karen Cartwright & Joann Powers from the bond & Added Margaret DeCraene, Andrew Lerma & Lois Huitsing. These changes reduced your bond limit from \$55,000 to \$50,000. The return premium for these changes is \$16.00.

We appreciate your continued business. If you should have any questions, or if we can be of any additional service please feel free to call our office.

Sincerely,





SURETY RIDER

To be attached to and form a part of

Bond No. **E922596**

Type of

Bond: PUBLIC OFFICIAL NAME SCHEDULE BOND

dated

effective 05/08/1995
(MONTH-DAY-YEAR)

executed by NORTHWEST INDIANA EDUCATIONAL SERVICE CENTER
(PRINCIPAL)

, as Principal,

and by American States Insurance Company

, as Surety,

in favor of STATE OF INDIANA
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

THE BOND AMOUNT

FROM: \$55,000

TO: \$50,000



Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider

is effective 07/12/2011
(MONTH-DAY-YEAR)

Signed and Sealed 07/18/2011
(MONTH-DAY-YEAR)

NORTHWEST INDIANA EDUCATIONAL SERVICE CENTER
(PRINCIPAL)

By:

Charles J. Costa
(PRINCIPAL)

American States Insurance Company
(SURETY)

By:

Alesha Jernas
(ATTORNEY-IN-FACT) ALESHA JERNAS





Liberty Mutual Surety
 1001 4th Avenue, Suite 1700
 Seattle, WA 98154

ADDITION AND DEDUCTION ENDORSEMENT FOR POSITION OR NAME SCHEDULE BONDS

Schedule Change No. Date 07/18/2011
 American States Insurance Company Agent Pinnacle Insurance Group of Indiana, Inc.
 NORTHWEST INDIANA EDUCATIONAL SERVICE CENTER , upon Bond No. **E922596** , in favor of

(Insured)

does hereby:

(a) Add to the schedule attached to said bond the Employee(s) or Position(s) named in column 3 hereof, in the amount(s) stated in column 4, such addition(s) to be effective on and after the date(s) stated in column 1 hereof, opposite the name(s) of such Employee(s) or Position(s).

(b) Deduct from said schedule the Employee(s) or Position(s) named in column 3 hereof, presently covered in the amount(s) stated in column 5, such deduction(s) to be effective on and after the date(s) stated in column 1 hereof, opposite such name(s) or position(s).

(Where there is a change in the amount of coverage on an Employee or Position, the old amount is shown as a deduction in column 5, and the new amount is shown as an addition in column 4.)

Effective Date 1.	Acceptance No. 2.	3.	Amount for which Added 4.	Amount for which Deducted 5.
07/12/2011		NAME Dr. Carrie Cate Clements LOCATION Highland, IN POSITION Program Coordinator		5,000.00
07/12/2011		NAME William Ed Early LOCATION Highland, IN POSITION PT Scheduling Asst		5,000.00
07/12/2011		NAME Karen Cartwright LOCATION Highland, IN POSITION PT Scheduling Asst		5,000.00
07/12/2011		NAME Joann Powers LOCATION Highland, IN POSITION Programs Asst		5,000.00

Provided that said bond shall be subject to all its agreements, conditions and limitations except as herein expressly modified. The above changes have been made pursuant to request by the Insured and/or cancellation by the Underwriter.



American States Insurance Company

BY _____
 ALESHA JERNAS, ATTORNEY-IN-FACT

SB605
 (1-95)

S-4668/AS 5/98

XDP



Liberty Mutual Surety
 1001 4th Avenue, Suite 1700
 Seattle, WA 98154

ADDITION AND DEDUCTION ENDORSEMENT FOR POSITION OR NAME SCHEDULE BONDS

Schedule Change No. Date 07/18/2011
 American States Insurance Company Agent Pinnacle Insurance Group of Indiana, Inc.
 NORTHWEST INDIANA EDUCATIONAL SERVICE CENTER , upon Bond No. **E922596** , in favor of

(Insured)

does hereby:

(a) Add to the schedule attached to said bond the Employee(s) or Position(s) named in column 3 hereof, in the amount(s) stated in column 4, such addition(s) to be effective on and after the date(s) stated in column 1 hereof, opposite the name(s) of such Employee(s) or Position(s).

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(Where there is a change in the amount of coverage on an Employee or Position, the old amount is shown as a deduction in column 5, and the new amount is shown as an addition in column 4.)

Effective Date 1.	Acceptance No. 2.	3.	Amount for which Added 4.	Amount for which Deducted 5.
07/12/2011		NAME Margaret DeCraene LOCATION Highland, IN POSITION Program Coordinator	5,000.00	
07/12/2011		NAME Andrew Lerma LOCATION Highland, IN POSITION PT Scheduling Asst	5,000.00	
07/12/2011		NAME Lois Huitsing LOCATION Highland, IN POSITION PT Scheduling Asst	5,000.00	
		NAME LOCATION POSITION		

Provided that said bond shall be subject to all its agreements, conditions and limitations except as herein expressly modified. The above changes have been made pursuant to request by the Insured and/or cancellation by the Underwriter.



American States Insurance Company

BY _____
 ALESHA JERNAS, ATTORNEY-IN-FACT

SB605
(1-95)

S-4668/AS 5/98

XDP

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

AMERICAN STATES INSURANCE COMPANY
INDIANAPOLIS, INDIANA
POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS that American States Insurance Company, an Indiana corporation, does hereby appoint
ALESHA JERNAS

Its true and lawful attorney(s)-in-fact, with full authority to execute on behalf of the company the following surety bond:

Surety Bond Number: E922596

Principal: NORTHWEST INDIANA EDUCATIONAL SERVICE CENTER

Bond Amount: Fifty Thousand Dollars And Zero Cents

DOLLARS (\$ 50,000.00)

and to bind AMERICAN STATES INSURANCE COMPANY thereby as fully as if such instruments had been duly executed by its regularly elected officers at its home office.

That this power is made and executed pursuant to and by authority of the following By-law and Authorization:

ARTICLE IV - Execution of Contracts: Section 12. Surety Bonds and Undertakings.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitations as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the president and attested by the secretary.

By the following instrument the chairman or the president has authorized the officer or other official named therein to appoint attorneys-in-fact:

Pursuant to Article IV, Section 12 of the By-laws, Gregory W. Davenport, Vice President of American States Insurance Company, is authorized to appoint such attorneys-in-fact as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

That the By-law and the Authorization set forth above are true copies thereof and are now in full force and effect.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Corporation and the corporate seal of American States Insurance Company has been affixed thereto in Seattle, Washington this 12th day of July, 2011

AMERICAN STATES INSURANCE COMPANY



By Gregory W. Davenport
Gregory W. Davenport, Vice President

STATE OF WASHINGTON
COUNTY OF KING ss

On this 12th day of July, 2011, before me, a Notary Public, personally came Gregory W. Davenport, to me known and acknowledged that he is a Vice President; that he knows the seal of said corporation; and that he executed the above Power of Attorney and affixed the corporate seal of American States Insurance Company thereto with the authority and at the direction of said corporation.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Seattle, Washington, on the day and year first above written.



By KD Riley
KD Riley, Notary Public

CERTIFICATE

I, the undersigned, Assistant Secretary of American States Insurance Company, do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy, is in full force and effect on the date of this certificate; and I do further certify that the officer or official who executed the said power of attorney is an Assistant Secretary specially authorized by the chairman or the president to appoint attorneys-in-fact as provided in Article IV, Section 12 of the By-laws of American States Insurance Company.

This certificate and the above power of attorney may be signed by facsimile or mechanically reproduced signatures under and by authority of the following vote of the board of directors of American States Insurance Company at a meeting duly called and held on the 18th day of September, 2009.

VOTED that the facsimile or mechanically reproduced signature of any assistant secretary of the company, wherever appearing upon a certified copy of any power of attorney issued by the company in connection with surety bonds, shall be valid and binding upon the company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the said company, this 18 day of JULY, 2011

By David M. Carey
David M. Carey, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, bank deposit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-888-844-2663 between 8:00 am and 7:30 pm EST on any business day.

