

ADDITION AND/OR DEDUCTION NOTICE POSITION OR NAME SCHEDULE BOND

Notice No.	8	

The Ohio Casualty Insurance Company, as Surety upon Fidelity Bond No. 3-983-404, in favor of State of Indiana for the Use and Benefit of Crown Point Community School Corporation (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

Effective Date 1.	Item No. 2.	3.	Amount For Which Added 4.	Amount For Which Deducted 5.	Additional Premium 6.	Return Premium 7.
B/10/11	16.	Name or Position Eileen Maxwell	25,000.00		100.00	person of the second
		Lake Street Elementary Secretary/Treasurer	ent is		051	
	,	Name or Position NOT OF	FICIA	L!	670	
		This Document is Name or Position the Lake Coun				w
		Location		p.		
		Name or Position Location			2011 SEP	
The state of the s		Name or Position Location			20 PM	
		Name or Position Location				8 \$
tal Premiur	n Added	\$ 100.00 Total Premium Deducted \$ \(\frac{DIA}{DIA} \)	MA 2			
				or Return Pren)
e above cha	anges hav	e been made pursuant to request by the Insured and/		use J	od Representative	ster
			Denise	M. Reister	a Representative	

F-4557

THIS POWER OF AL	TORNEY IS NO	I VALID UNLESS	II IS PRIMIES C	N RED BACKGRO	UND.	458814
and the second of the second of the second	e i i persette establistet, Mete					
This Power of Attorney	limits the acts of	those named here	in, and they have no	o authority to bind the	Company except in	the manner and to the
autont havely stated		하다 내 남에는 당하나는 하는 이	그런 이번 당한 살기를 받아 되지 않아요.			

THE OHIO CASUALTY INSURANCE COMPANY

FAIRFIELD. OHIO POWER OF ATTORNEY

KNOW ALL PERSONS BY	THESE PRESENTS	3: That The Ohio Casual	ty Insurance Company (the	"Company"), an Ohio corporat	ion, pursuant to and by
authority of the By-law and	Authorization hereina	ifter set forth, does hereb	y name, constitute and appo	oint RICK REISTER, STEPHEN R	. GRAF,
CHRISTOPHER J. RAMBOW,	ANDREW L. EICKHOL	T, DENISE M. REISTER, PA	MELA J. DUNN, ALL OF THE	CITY OF INDIANAPOLIS, STATE	OF INDIANA
	Andrews New York (1915)				

, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, and the execution of such undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company in their own proper persons.

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

ARTICLE IV - Officers: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or 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, bond, recognizances and other surety obligations. Such attorneys-infact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary.

Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

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, David M. Carey, Assistant Secretary of The Ohio Casualty Insurance Company, is hereby authorized to appoint such attorneys-in-fact as may be necessary to act in behalf of the Company 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.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day. IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of The Ohio Casualty Insurance Company has been affixed thereto in Plymouth Meeting, Pennsylvania this 18th day of

the Lake RecoTHE OHIO CASUALTY INSURANCE COMPANY

COMMONWEALTH OF PENNSYLVANIA COUNTY OF MONTGOMERY

2011 , before me, a Notary Public, personally came David M. Carey, to me known, and acknowledged that he is an Assistant Secretary of The Ohio Casualty Insurance Company; that he knows the seal of said corporation; and that he executed the above Power of Attorney and affixed the corporate seal of The Ohio Casualty Company thereto with the authority and at the direction of said corporation.

IN TESTIMONY WHEREOF d have necently subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

Teresa Pastella, Notary Public

lang David M. Carey, Assistant Secretary

CERTIFICATE

I, the undersigned, Assistant Secretary of The Ohio Casualty 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 The Ohio Casualty 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 The Ohio Casualty Insurance Company at a meeting duly called and held on the 15th day of February, 2011:

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 170 day of regest , SOII.

QHIQ.