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PUBLIC OFFICIAL POSITION SCHEDULE BOND

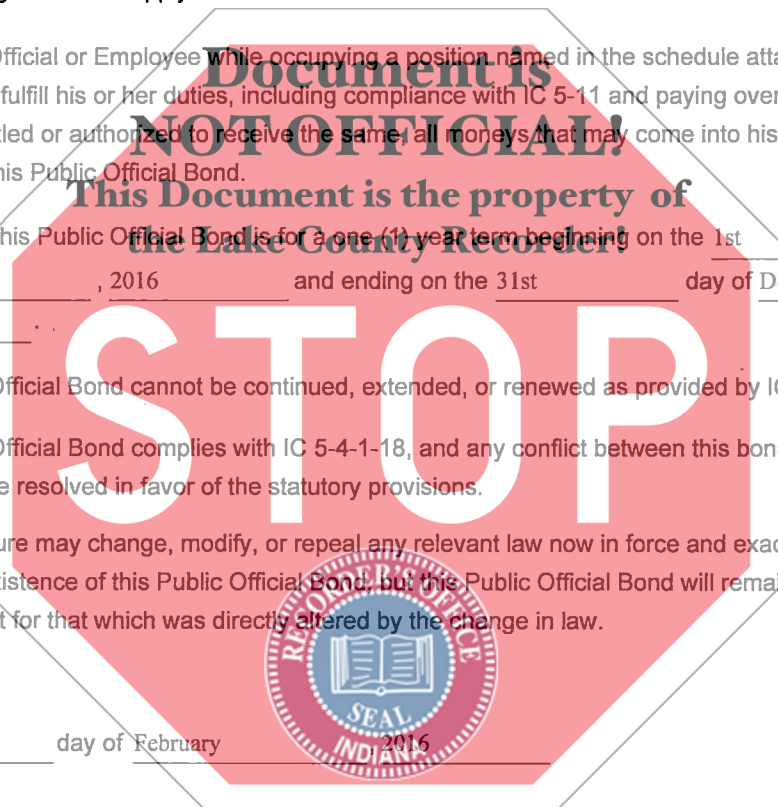
State Form 55948 (11-15)
Approved by State Board of Accounts, 2015
INDIANA DEPARTMENT OF INSURANCE

Bond number 601101588

Town of St. John

_____, as Principal, and The Ohio Casualty Insurance Company _____, as Surety, as well as all heirs, executors, and administrators of the Principal and Surety, are bound, jointly and severally, to the State of Indiana, in the amount shown in the attached schedule if subparagraph (a) is violated. In all other respects, the following conditions apply to this Public Official Bond.

- a) Any Public Official or Employee while occupying a position named in the schedule attached, shall faithfully perform and fulfill his or her duties, including compliance with IC 5-11 and paying over on demand to the persons entitled or authorized to receive the same, all moneys that may come into his or her hands during the term of this Public Official Bond.
- b) The term of this Public Official Bond is for a one (1) year term beginning on the 1st day of January _____, 2016 and ending on the 31st day of December _____, 2016.
- c) This Public Official Bond cannot be continued, extended, or renewed as provided by IC 5-4-1-18(m).
- d) This Public Official Bond complies with IC 5-4-1-18, and any conflict between this bond and the Indiana Code shall be resolved in favor of the statutory provisions.
- e) The Legislature may change, modify, or repeal any relevant law now in force and exact any and all laws during the existence of this Public Official Bond, but this Public Official Bond will remain in full force and effect, except for that which was directly altered by the change in law.



Dated this 11th day of February _____, 2016

By Vicky VanLear
Attorney in Fact
Vicky VanLear

2016 01 30 42
MICHAEL B. BROWN
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

N/C
SS

Bond number **601101588**

Schedule of Position - effective (month, day, year) January 1, 2016

Schedule Number	Name of Position	Name of Public Officials or Employees	Amount of Bond
1.	Clerk		\$5,000.00
2.	Clerk		\$5,000.00
3.	Clerk		\$5,000.00
4.	Clerk		\$5,000.00
5.	Clerk		\$5,000.00
6.	Clerk		\$5,000.00
7.	IT		\$5,000.00
8.	Chief		\$5,000.00
9.	Chief		\$5,000.00
10.	Administrative Assistant		\$5,000.00
11.	Clerk		\$5,000.00
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			



POWER OF ATTORNEY
The Ohio Casualty Insurance Company

Bond Number: **601101588**

Principal: Town of St. John

Agency Name: THE BRAMAN AGENCY LLC

Obligee: State of Indiana, Department of Insurance

Agent Code: **131908**

Know All Men by These Presents: That The Ohio Casualty Insurance Company, pursuant to the authority granted by Article IV, Section 12 of the Code of Regulations and By-Laws of The Ohio Casualty Insurance Company, do hereby nominate, constitute and appoint: Donald A. Biesen, Joyce Dolato, Vicky VanLear, Randy C. Vale, Stacy Babich of MERRILLVILLE, Indiana its true and lawful agent(s) and attorney(ies)-in-fact, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all BONDS, UNDERTAKINGS, and RECOGNIZANCES, excluding, however, any bond(s) or undertaking(s) guaranteeing the payment of notes and interest thereon.

And the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Company, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of said Company at their administrative offices in Keene, New Hampshire, in their own proper persons. The authority granted hereunder supersedes any previous authority heretofore granted the above named attorney(ies)-in-fact.

In WITNESS WHEREOF, the undersigned officer of the said The Ohio Casualty Insurance Company has hereunto subscribed his name and affixed the Corporate Seal of said Company this 18th day of November, 2013.



David M. Carey

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA
COUNTY OF MONTGOMERY

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

On this 18th day of November, 2013 before the subscriber, a Notary Public of the State of Pennsylvania, in and for the County of Montgomery, duly commissioned and qualified, came David M. Carey, Assistant Secretary of The Ohio Casualty Insurance Company, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn deposes and says that he is the officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate Seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at the City of Plymouth Meeting, State of Pennsylvania, the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Plymouth Twp., Montgomery County
My Commission Expires March 28, 2017
Member, Pennsylvania Association of Notaries

Teresa Pastella

Notary Public in and for County of Montgomery, State of Pennsylvania
My Commission expires March 28, 2017

This power of attorney is granted under and by authority of Article IV, Section 12 of the By-Laws of The Ohio Casualty Insurance Company, extracts from which read:

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-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 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.

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 effective 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.

CERTIFICATE

I, the undersigned Assistant Secretary of The Ohio Casualty Insurance Company, do hereby certify that the foregoing power of attorney, the referenced By-Laws of the Company and the above resolution of their Board of Directors are true and correct copies and are in full force and effect on this date.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Company this 11th day of February, 2016.



Gregory W. Davenport

Gregory W. Davenport, Assistant Secretary



**ADDITION AND/OR DEDUCTION NOTICE
POSITION OR NAME SCHEDULE BOND**

Notice No. 1

The Ohio Casualty Insurance Company _____ as Surety upon Fidelity Bond No. **601101588** _____ in favor of
Town of St. John _____ (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).

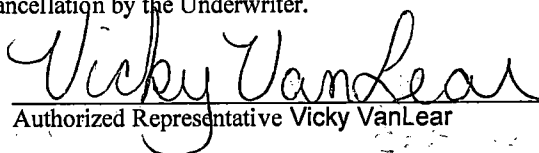
(Where there is a change in the amount of coverage on an Employee or Position, the old amount is shown as a deduction in column 5, and the new amount is shown as an addition in column 4.)

Effective Date 1.	Item No. 2.	Name or Position	Amount For Which Added 4.	Amount For Which Deducted 5.	Additional Premium 6.	Return Premium 7.
1/1/2016	12	Clerk	\$5,000.00		\$50.00	
		Location				
		Name or Position				
		Location				
		Name or Position				
		Location				

Total Premium Added \$50.00 Net Additional Premium \$50.00

Total Premium Deducted _____ Return Premium _____

The above changes have been made pursuant to request by the Insured and/or cancellation by the Underwriter.



 Authorized Representative Vicky VanLear