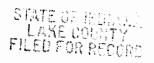
2016 039740





2016 JUN 28 AM 9: 25

MICHAEL B. BROWN RECORDER

Bond number 32S155269(6648064)

ESTA A	BARBER							
	, as Principal, and AMER	ICAN STATES INSURANCE COMP.	ANY , as Surety, as					
well as	all heirs, executors, and administrators of	f the Principal and Surety, are boun	d, jointly and severally,					
to the S	State of Indiana, in the amount of \$15,00	0.00 , if subparagra	aph (b) is violated. In all other					
respect	s, the following conditions apply to this Po	ublic Official Bond.						
a)	The Principal is duly elected, commission	ened, appointed, or employed as \underline{L}	AKE-WATER MANAGER					
	for TOWN OF NEW CHICAGO in t	he State of Indiana.						
b)	The Principal shall faithfully perform and including compliance with IC 5-11 and preceive the same, all moneys that may bond.	paying over on demand to the person	ons entitled or authorized to					
c)	The term of this Public Official Bond is for JUNE , 2016	or a one (1) year tamp beginning on and ending on the 1ST	day of JUNE ,					
d)	This Public Official Bond cannot be continued, extended, or renewed as provided by IC 5-4-1-18(m).							
e)	This Public Official Bond complies with Code shall be resolved in favor of the st	Cod-1118 and any conflict between						
f) ESTA	The Legislature may change, modify, or during the existence of this Public Offici effect, except for that which was directly BARBER	al Bond, but this Public Official Bon						
		COURS OF THE PARTY	SEAL					
AMER	RICAN STATES INSURANCE COMPANY	Ex there The	MOIANA					
		MOIANA MINE	Attorney-in Fact					
Accept	ed and approved thisda	y of,,	—AMOUNT \$					
LMS-14966	01/16	Page 1 of 2	CASH CHARGE CHECK # OVERAGE COPY NON - COM CLERK					

State of Indiana,County,	ss:
Personally appreared before me, Esta	Barber in and for
said County and State aforesaid,	who being
	onstitution of the United States and of the State of Indiana,
and I will faithfully, honestly, and impartially fulfill the	
to the best of my skill and ability."	
to the best of my skill and ability.	CSHa A. Durbelt
Subscribed and sworn to before me, this	day of June , 2016
<u></u>	, <u>dolle</u> , <u>dollo</u>
	IN WITNESS WHEREOF, I have hereunto set my hand
	affixed the seal of said
	at this day and year above written.
1, Lori L. Reno of	the Town of New Chicago do
certify the above to be a true and correct copy of the	
•	
in and for said County as the same is endorsed on his	s of their commission.
IN TESTIMONY WHEREOF	F, I have hereunto set my hand and affixed the seal of said
, at	, this lot
day of June , Ab. 2011	
Docu	ment is
250	de la Beno
NOTO	FFICIAL!
This Document	is the property of
	GMENT OF PRINCIPAL
State of Indiana, County,	ss:
Since States	
Personally appreared before me,	Borber
	e hereof and acknowledges of the execution of said bond
This 6th day of June	, ao 16
	(A)
	Notary Public
THE THE PARTY OF T	DER'S ON
Expiration date of commission, (if Notary Public) (month, day, year)	
ACKNOW_E	DOWENT OF SURETY
State of Indiana, MARION County	TAN ALIEN TO THE PARTY OF THE P
Comes now AIMEE HENARD	MANAGE
	by AMERICAN STATES INSURANCE COMPANY
0.61	verse side hereof and acknowledges the execution of said
bond this 26th day of May 201	
CARRIE A. ALLEN	(Ale. Adle
NOTARY PUBLIC SEAL	Notary Public
STATE OF INDIANA MARION COUNTY	·
Expiration date of dom niv sommission expirites/disc.(vo.cod) , day, year)	

LMS-14966 01/16

Page 2 of 2

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.

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

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 (the "Company"), an Indiana stock insurance company, pursuant

7187024

		annie L. Kendrick, Wal	ycia J. Williams				
in-fact to and othe	er surety and the e	polis seal, acknowledge and o execution of such undert hey had been duly sign	akings, bonds, recogni	ehalf as surety and a zances and other su	s its act and deed, any rety obligations, in pur	suance of these presen	oonds, recognizance ts, shall be as bindin
That this	s power is made a	and executed pursuant t	to and by authority of th	ne following By-law	and Authorization:		
ý,	Any officer or o as the Chairma execute, seal, a fact, subject to	officers: Section 12. Pow ther official of the Corpo n or the President may p acknowledge and delive the limitations set forth instruments shall be as	oration authorized for the prescribe, shall appoint er as surety any and all n in their respective po	such attorneys-in-fa undertakings, bond wers of attorney, sh	ct, as may be necessar s, recognizances and all have full power to	ry to act in behalf of the other surety obligation bind the Corporation b	Corporation to mak s. Such attorneys-i
By the f	following instrume	ent the chairman or the	e president has author	ized the officer or o	ther official named the	erein to appoint attorn	eys-in-fact:
By the f	appoint such a	ticle IV, Section 12 of th attorneys-in-fact as ma I all undertakings, bond	y be necessary to ac	t in behalf of the C	orporátion to make, e		
IN WITN States In 2015	NESS WHEREOF, to nsurance Compan	this Power of Attorney has been affixed there	nas been subscribed by eto in Plymouth Meetin	Pennsylvania this	24th	ay of November	
IN WITH States In 2015 IN WITH States In 2015 COMMO COUNT On this acknowl above P IN TEST first abo		Ti	NOT &	SEAL I	roperariof	ES INSURANCE CO	DMPANY
COMMO	ONWEALTH OF PE Y OF MONTGOME	ERY	the Lake C				
On this acknowledge above P	ledged that he is a	November an Assistant Secretary of and affixed the corporate	of American States Insu	irance Company; th	at <mark>he kno</mark> ws <mark>the se</mark> al o		that he executed the
IN TEST	TIMONY WHEREC ove written.	OF, I have hereunto sul	COMMONWEALTH	OF PENNSYLVANIA al Seal	al seal at Plymouth M	eeting, Pennsylvania,	on the day and ye
CERTIF		10 MEN PUBLIC	Plymouth Twp., M My Commission Exp Member, Pennsylvania	The second of the	By		
attorney officer o	y of which the for or official who exe	t, the undersigned. As regoing is a full, true a reuted the said power of Section 12 of the By-la	and correct copy, is in of attorney is an Office	full force and effect or specially authorized	t on the date of this ed by the chairman of	certificate; and I do fu	irther certify that th
This cer followin	ertificate and the and vote of the boar	above power of attorn rd of directors of Amer	ney may be signed by rican States Insurance	facsimile or mech Company at a me	nanically reproduced eting duly called and	signature s under and held on th e 18th day	I by authority of the of September, 200
	copy of any po	e facsimile or mechanic wer of attorney issued d effect as though mar	by the company in co	ture of any assistar onnection with sure	t secretary of the com ty bonds, shall be vali	pany, wherever appea d and binding upon th	aring upon a certific ne company with the
	TIMONY WHERE	OF. V bave hereunto s	subscribed my name	and affixed the co	roorate seal of the s	aid company this C	\bigcirc \bigcirc day

650 of 1000