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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**

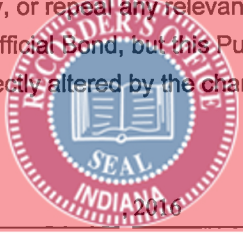
Town of St. John 10955 w 93rd Ave, St. John, IN 46373

_____, 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, 2017, and ending on the 31st _____ day of December, 2017.
- 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.



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2017 JAN 31 AM 9:26
MICHAEL B. BROWN
RECORDER



Dated this 31st _____ day of October, 2016

By *Pamela J. Dunn*
Attorney in Fact
Pamela J. Dunn

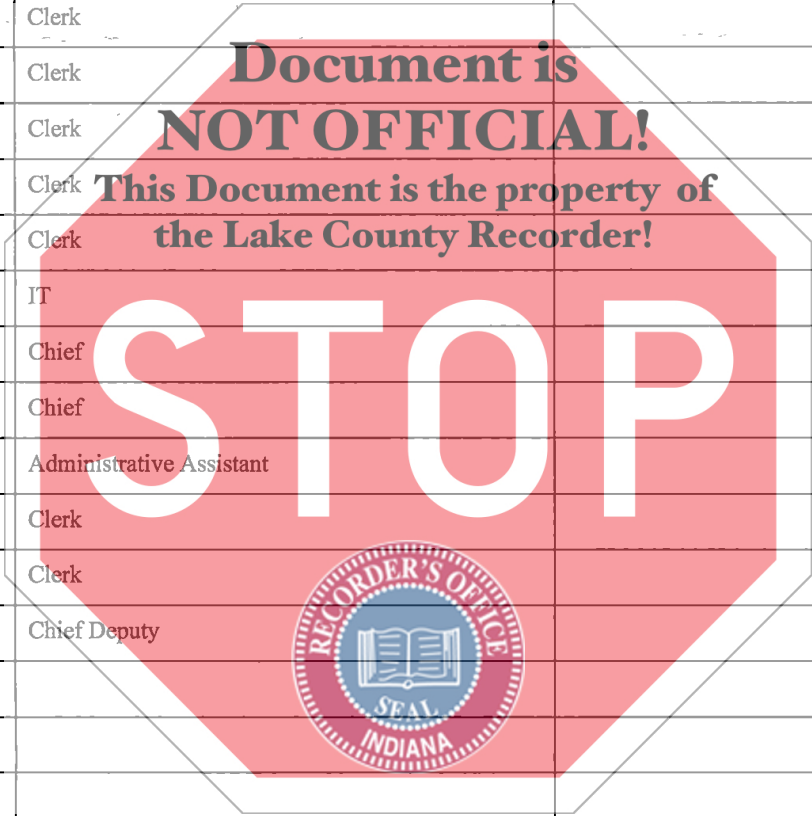
2017 006774

AMOUNT \$ NC
CASH _____ CHARGE _____
CHECK# _____
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY CA

Bond number **601101588**

Schedule of Position - effective (month, day, year) January 1, 2017

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.	Clerk		\$5,000.00
13.	Chief Deputy		\$5,000.00
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			



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.

Certificate No. 7280182

American Fire and Casualty Company, Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company, West American Insurance Company

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That American Fire & Casualty Company and The Ohio Casualty Insurance Company are corporations duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Andrew L. Eickholt; Christopher J. Rambow; Pamela J. Dunn; Rick Reister; Stephen R. Graf; Vanessa Antoski

all of the city of Indianapolis, state of IN 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, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 2nd day of March, 2016

American Fire and Casualty Company
The Ohio Casualty Insurance Company
Liberty Mutual Insurance Company
West American Insurance Company

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

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 2nd day of March, 2016, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of American Fire and Casualty Company, Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on 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

By: *Teresa Pastella*
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

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 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 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.

ARTICLE XIII - Execution of Contracts - SECTION 5. Surety Bonds and Undertakings. Any officer of the Company 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 Company 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 Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

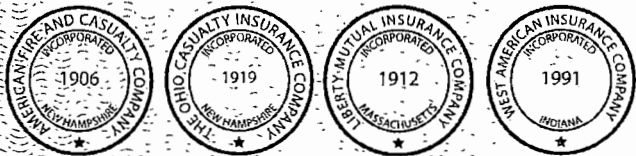
Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that 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.

I, Gregory W. Davenport, the undersigned, Assistant Secretary, of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 31st day of October, 2016

By: *Gregory W. Davenport*
Gregory W. Davenport, Assistant Secretary



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

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.

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



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

Notice No. _____

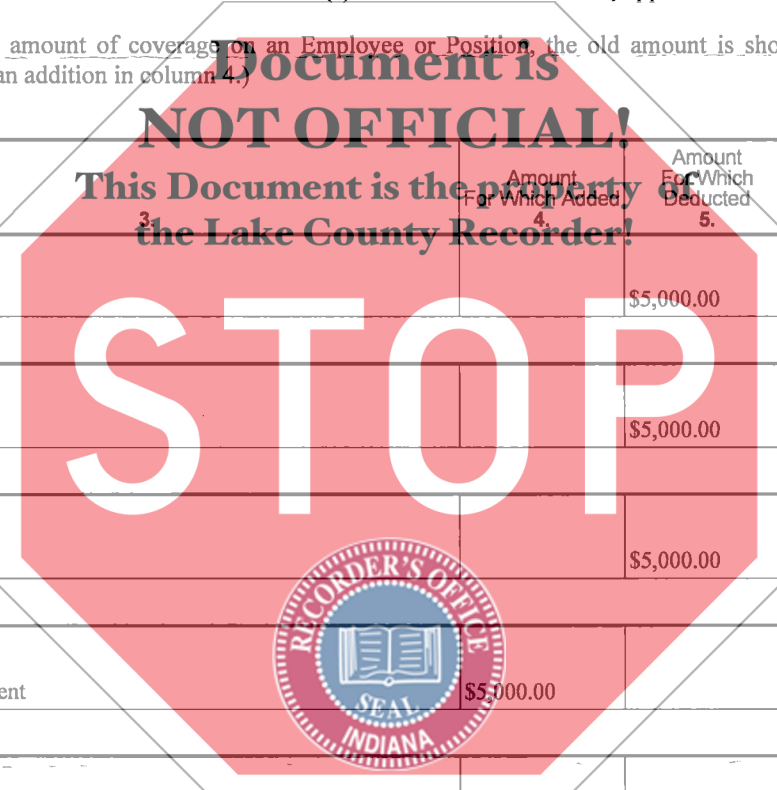
The Ohio Casualty Insurance Company _____ as Surety upon Fidelity Bond No. **601101588** _____ in favor of
The Town of St. John _____ (Insured) does hereby:

(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 3.	Amount For Which Added 4.	Amount For Which Deducted 5.	Additional Premium 6.	Return Premium 7.
01/09/201	7	IT Location		\$5,000.00		\$50.00
01/09/201	11	Clerk Location		\$5,000.00		\$50.00
01/09/201	12	Clerk Location		\$5,000.00		\$50.00
01/09/2017	14	Park Superintendent Location	\$5,000.00		\$50.00	
01/09/201	15	Building & Planning Director Location	\$5,000.00		\$50.00	



Total Premium Added \$100.00 _____

Net Additional Premium _____

Total Premium Deducted \$150.00 _____

Return Premium \$50.00 _____

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

 Authorized Representative Vicky VanLear