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PUBLIC OFFICIAL BOND
State Form 55947 (11-15)
Approved by State Board of Accounts, 2015
INDIANA DEPARTMENT OF INSURANCE
2017 084212

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

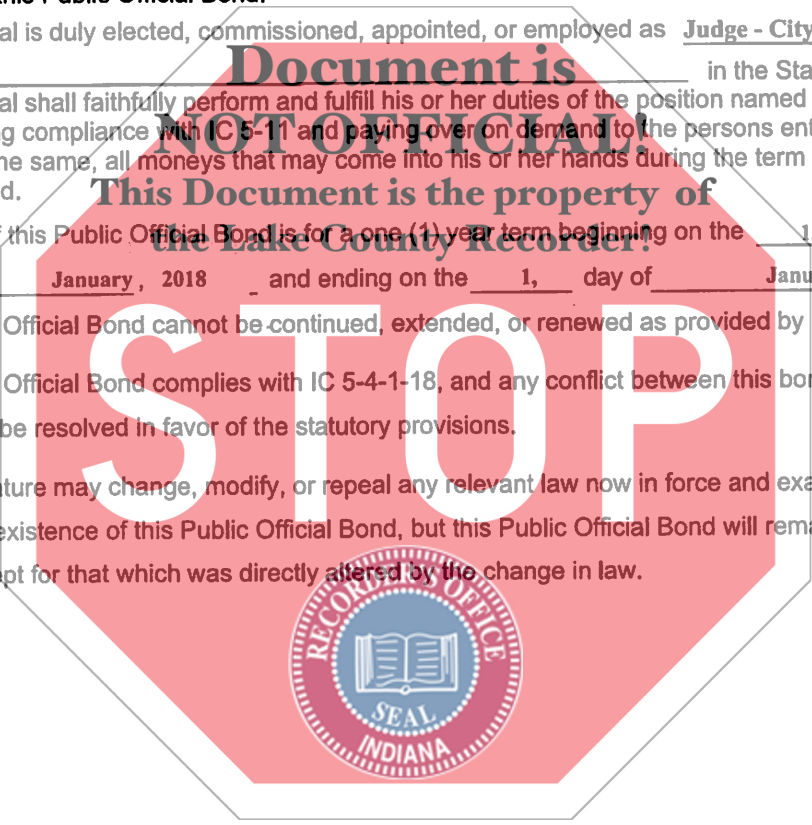
2017 DEC 13 AM 9:46

MICHAEL B. BROWN
RECORDER

Bond number B 1167175

William J. Longer, as Principal, and
Selective Insurance Company of America, 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 of \$ 15,000.00, if subparagraph (b) is violated. In all other respects, the following conditions apply to this Public Official Bond.

- a) The Principal is duly elected, commissioned, appointed, or employed as Judge - City of Hobart for _____ in the State of Indiana.
- b) The Principal shall faithfully perform and fulfill his or her duties of the position named in subparagraph (a); 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.
- c) The term of this Public Official Bond is for a one (1) year term beginning on the _____ day of _____, January, 2018 and ending on the 1, day of January, 2019.
- 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 IC 5-4-1-18, and any conflict between this bond and the Indiana Code shall be resolved in favor of the statutory provisions.
- f) 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.



By William J. Longer
Principal
William J. Longer

By Alesha M Jernas (Seal)
Attorney in Fact
Alesha M Jernas

Accepted and approved this 13th day of November, 2017

N/C
JB

State of Indiana, _____ County, ss:

Personally appeared before me, _____ in and for said County and State aforesaid, _____ who being sworn, upon his or her oath says: "I will support the Constitution of the United States and of the State of Indiana, and I will faithfully, honesty, and impartially fulfill the duties of the office of _____ to the best of my skill and ability."

Subscribed and sworn to before me, this _____ day of _____, _____

IN WITNESS WHEREOF, I have hereunto set my hand affixed the seal of said _____ at _____ this day and year above written.

I, _____ of the _____ do certify the above to be a true and correct copy of the official oath of _____ in and for said County as the same is endorsed on his or her commission.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said _____

, at _____, this _____ day of _____, A.D. _____

State of Indiana, LAKE County, ss:

Personally appeared before me, WILLIAM J. LUEGER

Principal upon the bond appearing on the reverse side hereof and acknowledges the execution of said bond

This 11th day of December, 2017

2/25/2023

Charly A. Goulet
Notary Public

Expiration date of commission, (if Notary Public)(month, day, year)

ACKNOWLEDGMENT OF SURETY

State of Indiana, Lake County, ss:

Comes now Alesha M Jernas, Attorney-in-Fact by Selective Insurance Company of America its agent, surety upon the bond appearing on the reverse side hereof and acknowledges the execution of said bond this 13th day of November, 2017 and confirms compliance with IC 5-4-1-18(i)

5/22/24

[Signature]
Notary Public

Expiration date of commission, (if Notary Public)(month, day, year)



SELECTIVE[®]

Selective Insurance Company of America
40 Wantage Avenue
Branchville, New Jersey 07890
973-948-3000

BondNo.B 1167175

POWER OF ATTORNEY

All Other Public Official Bonds (Non-Federal)

SELECTIVE INSURANCE COMPANY OF AMERICA, a New Jersey corporation having its principal office at 40 Wantage Avenue, in Branchville, State of New Jersey ("SICA"), pursuant to Article VII, Section 1 of its By-Laws, which state in pertinent part:

The Chairman of the Board, President, Chief Executive Officer, any Executive Vice President, any Senior Vice President or any Corporate Secretary may, from time to time, appoint attorneys in fact, and agents to act for and on behalf of the Corporation and they may give such appointee such authority, as his/her certificate of authority may prescribe, to sign with the Corporation's name and seal with the Corporation's seal, bonds, recognizances, contracts of indemnity and other writings obligatory in the nature of a bond, recognizance or conditional undertaking, and any of said Officers may, at any time, remove any such appointee and revoke the power and authority given him/her.

does hereby appoint **Alesha M Jernas**

, its true and lawful attorney (s) in fact, full authority to execute on SICA's behalf fidelity and surety bonds or undertakings and other documents of a similar character issued by SICA in the course of its business, and to bind SICA thereby as fully as if such instruments had been duly executed by SICA's duly elected officers at its principal office, in amounts or penalties not exceeding the sum of: **Fifteen Thousand Dollars (\$15,000.00)**

Signed this 20th day of October, 2017

SELECTIVE INSURANCE COMPANY OF AMERICA

By:

Brian C. Sarisky
Brian C. Sarisky
Its SVP, Strategic Business Units, Commercial Lines



STATE OF NEW JERSEY :

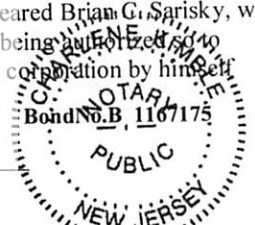
:ss. Branchville

COUNTY OF SUSSEX :

On this 20th day of October, 2017 before me, the undersigned officer, personally appeared **Brian C. Sarisky**, who acknowledged himself to be the Sr. Vice President of SICA, and that he, as such Sr. Vice President, being authorized to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as Sr. Vice President and that the same was his free act and deed and the free act and deed of SICA.

Charlene Kimble
Charlene Kimble
Notary Public of New Jersey
My Commission Expires 6/2/2021

Charlene Kimble
Notary Public



The power of attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of SICA at a meeting duly called and held on the 6th of February 1987, to wit:

"RESOLVED, the Board of Directors of Selective Insurance Company of America authorizes and approves the use of a facsimile corporate seal, facsimile signatures of corporate officers and notarial acknowledgements thereof on powers of attorney for the execution of bonds, recognizances, contracts of indemnity and other writing obligatory in the nature of a bond, recognizance or conditional undertaking."

CERTIFICATION

I do hereby certify as SICA's Corporate Secretary that the foregoing extract of SICA's By-Laws and Resolutions have full force and effect and this Power of Attorney issued pursuant to and in accordance with the By-Laws is valid.

Signed this 20th day of October, 2017

Michael H. Lanza
Michael H. Lanza, SICA Corporate Secretary



Important Notice: If the bond number embedded within the Notary Seal does not match the number in the upper right-hand corner of this Power of Attorney, contact us at 973-948-3000.

CERTIFIED COPY



OATH OF OFFICE

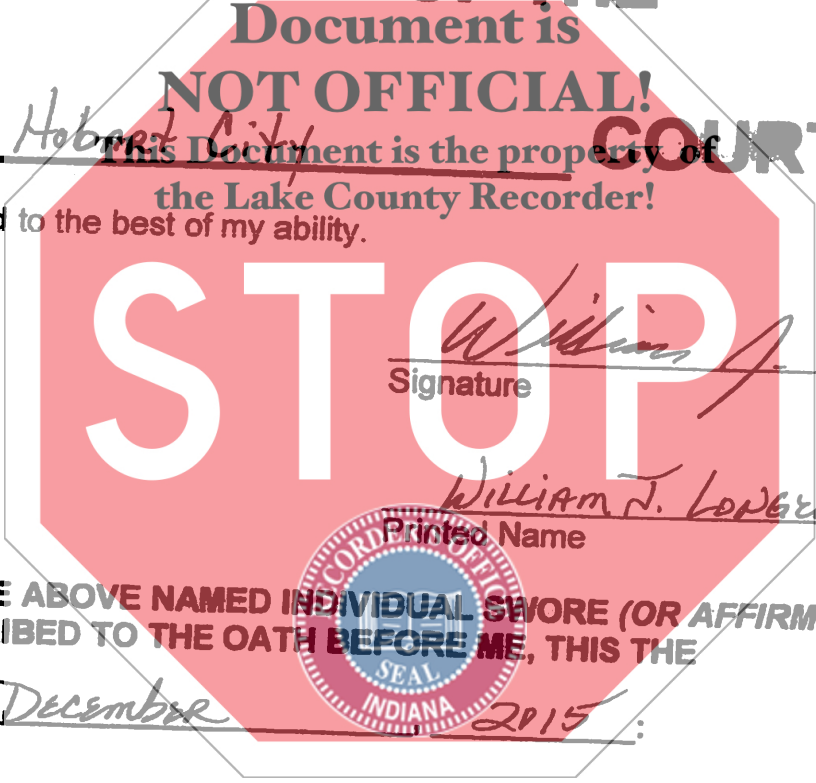
I do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the State of Indiana, and that I will faithfully and impartially discharge the duties of the office of

JUDGE OF THE
Document is
NOT OFFICIAL!
COURT

Hobart City

This Document is the property of
the Lake County Recorder!

according to law, and to the best of my ability.



William J. Longer
Signature

William J. Longer
Printed Name



I CERTIFY THAT THE ABOVE NAMED INDIVIDUAL SWORE (OR AFFIRMED) THIS OATH AND SUBSCRIBED TO THE OATH BEFORE ME, THIS THE

29th DAY OF December 2015:

Deborah A. Longer
Signature of Individual Administering Oath

DEBORAH A. LONGER, Clerk-Treasurer, City of Hobart
Printed Name and Title of Individual Administering Oath

If the person administering the oath is a Notary Public, add the county of residence and date of expiration of the Notary Public's commission.

COUNTY OF RESIDENCE: _____

DATE COMMISSION EXPIRES: _____