



Bond number 601070560

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Michael C Repay _____, 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 of \$15,000.00 _____, if subparagraphs (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 Lake County Commissioner
for Lake County Government Center
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 1st day of
January, 2024 and ending on the 31st day of December, 2024.
- 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 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.

The Ohio Casualty Insurance Company	Michael C Repay
175 Berkeley Street	7010 Knickerbocker Parkway
Boston, MA 02116	Hammond, IN 46323



<u>Timothy A. Mikolajewski</u>	By <u>[Signature]</u>
Attorney in Fact	Michael C Repay
Timothy A. Mikolajewski	

MC
D

Accepted and approved this _____ day of _____

BOARD OF COMMISSIONERS OF THE COUNTY OF LAKE

APPROVED THIS 17th DAY OF January 2024

NOT AN OFFICIAL DOCUMENT

OATH OF OFFICE

State of Indiana
County of Lake

I, Michael C Repay, do solemnly swear (or affirm) that I will support, protect and defend the Constitution of The United States and the Constitution of the State of Indiana, and that I will discharge the duties of my office of Lake County Commissioner for Lake County Government Center with fidelity; that I have not paid or contributed, or promised to pay or contribute, either directly or indirectly, any money or other valuable thing to procure my nomination or election (or appointment), except for necessary and proper expenses expressly authorized by law; that I have not knowingly violated any election law of this State, or procured it to be done by others in my behalf; that I will not knowingly receive, directly or indirectly, any money or other valuable thing for the performance or non-performance of any act or duty pertaining to my office than the compensation allowed by law. So help me God.

Sworn to and subscribed before me this 6th day of December, A.D. 2023

Arryne Dooley





This Power of Attorney is in full force and effect from the date hereof, and may have no authority to bind the Company except in the manner and to the extent herein stated.

The Ohio Casualty Insurance Company

POWER OF ATTORNEY

Principal: Michael C Repay
Agency Name: Northern Lakes Insurance, Inc. Bond Number: 601070560
Obligee: State of Indiana
Bond Amount: (\$15,000.00) Fifteen Thousand Dollars And Zero Cents

KNOW ALL PERSONS BY THESE PRESENTS: that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (herein collectively called the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint **Timothy A. Mikolajewski** in the city and state of **Seattle, WA**, 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 Company in their own proper persons.

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 Company has been affixed thereto this 28th day of March, 2021.



The Ohio Casualty Insurance Company

By: *David M. Carey*

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 28th day of March, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty 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 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 - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
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-law and Authorizations of The Ohio Casualty Insurance Company, which is 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 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.

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 or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond 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, Renee C. Llewellyn, the undersigned, Assistant Secretary, of The Ohio Casualty Insurance Company do hereby certify that this power of attorney executed by said Company 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 Company this 6th day of October 2023.



By: *Renee C. Llewellyn*

Renee C. Llewellyn, Assistant Secretary

For bond and/or Power of Attorney (POA) verification inquiries, please call 810.832.8240 or email LCSI@libertymutual.com