SCHOOL TREASURER'S BOND

Roycealee J. Wood
Regional Superintendent of Schools, Lake County, Illinois

STATE OF ILLINOIS)					
) \$\$ COUNTY OFLake)					
1854 O	, as Principal and Liberty Mutual Insurance				
	as Surety, are obligated, jointly and severally to the School				
Board of Millburn Community Consolidated					
mentioned county or successors in office, in the pena					
And the state of t	which we bind ourselves, our heirs, executors, administrators.				
	r hands and seals this 17th day of June				
	July 1 , 2020 , THIS BOND				
WILL EXPIRE June 30					
The condition of this obligation is such that	if Gary W White				
school treasurer in the above stated county, faithfully	discharges the duties of his or her office, according to law,				
and delivers to his or her successor in office after su	ch successor has qualified by giving bond as provided by law				
all moneys, books, papers, securities and control, wh	ich have come into his er her possession er centrol, as such				
school treasurer, from date of his or her bond to the t	ime that his or her successor has qualified as school treasurer,				
by giving such bond as required by law, then this obl	igation will be void; otherwise it will remain in full force and				
effect.					
Gary W White	Liberty Mutual Insurance Company				
PRINCIPAL	SURETY / (SEAL)				
	JUL INSURANCE OFFICE OF ORDER				
By:	By: 1912 S				
Gary W White	William T. Krumm Attorie				
STATE OF ILLINOIS)) SS	William T. Todam				
COUNTY OF Lake)					
1,	hereby pertify that Gary W White who				
	ose name is subscribed to the foregoing instrument, appeared				
The second secon	he signed, sealed and delivered said instrument as his free and				
voluntary act for the uses and purposes as therein set	The state of the s				
Given under my hand and Seal	scal thisday of				
www.colourescolouresco.co.					
Annound and accepted by BOARD OF E	DUCATION (or BOARD OF DIRECTORS) of				
tillurator min donofillos all matterie A.S. 20	District No. on this day of				
	maggingginashingginasa Ar 2404,864 A PWH				
By:					
SECRETARY	PRESIDENT				
Approved and filed this day of	Management of the contract of				

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. Not valid for mortgage, note, loan, letter of credit, bank deposit, currency rate, interest rate or residual value guarantees. To confirm the validity of this Power of Attorney call 610-832-8240 between 9:00 am and 4:30 pm EST on any business day.



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

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Mutual Insurance Company is a corporation duly organized under the laws the laws of the State of Indiana (herein collectively called the "Companies"), Krumm of the city of Rolling Meadows execute and acknowledge the following surety bond:	of the State of Massachusetts, a pursuant to and by authority he	nd West A rein set for	rmerican Insur th, does heret	ance Company is a by name, constitute	corporation duly organized under and appoint, William T.
Principal Name: Gary W White		74C0044400079-G3244444			
Obligee Name: Millburn Community Consolidate	ed SD #24				
Surety Bond Number: 404016075	Bond Amount: See Bo	nd For	<u>m_</u>		
IN WITNESS WHEREOF, this Power of Attorney has been subscribed by a thereto this 12 th day of December, 2018. The power of Attorney has been subscribed by a thereto this 12 th day of December, 2018. The power of Attorney has been subscribed by a thereto this 12 th day of December, 2018. The power of Attorney has been subscribed by a thereto this 12 th day of December, 2018. The power of Attorney has been subscribed by a thereto this 12 th day of December, 2018. The power of Attorney has been subscribed by a thereto this 12 th day of December, 2018.	an authorized officer or official of	the Comp	The Ohio (Liberty Mu West Amer	corporate seals of Casualty Insuran tual Insurance C rican Insurance (Lung Vf. Carey, Assistan	ce Company Company Company
STATE OF PENNSYLVANIA ss COUNTY OF MONTGOMERY					
On this 12th day of <u>December, 2018</u> , before me personally appeared Davi The Ohio Casualty Company, and West American Insurance Company, and to by signing on behalf of the corporations by himself as a duly authorized office	that he, as such, being authorized				
IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed	my notarial seal at King of Prus	sia, Penns	ylvania, on the	e day and year first	above written.
Notaria Teresa Pastella Upper Merion Twp., 1 My Commission Exp Member, Pennsylvania A This Power of Attorney is made and executed pursuant to and by authority of Company, and West American Insurance Company which resolutions are no	al Seal b, Notary Public Montgomery County iries March 28, 2021 Association of Notaries of the following By-laws and Autho		of Liberty Mut.	a Pastella, Nota	•
ARTICLE IV - OFFICERS - Section 12. Power of Attorney. Any officer or subject to such limitation as the Chairman or the President may prescribe, s seal, acknowledge and deliver as surety any and all undertakings, bonds, respective powers of attorney, shall have full power to bind the Corporation When so executed, such instruments shall be as binding as if signed by the in-fact under the provisions of this article may be revoked at any time by the	shall appoint such attorneys-in-fa recognizances and other surety n by their signature and execution President and attested to by the	oct, as may obligations on of any s a Secretary	be necessar) Such attom Such instrume y. Any power o	y to act in behalf of neys-in-fact, subject nts and to attach th or authority granted	the Corporation to make, execute, to the limitations set forth in their tereto the seal of the Corporation. to any representative or attorney-
ARTICLE XIII - Execution of Contracts - SECTION 5. Surety Bonds and Un and subject to such limitations as the chairman or the president may prescrib seal, acknowledge and deliver as surety any and all undertakings, bonds, respective powers of attorney, shall have full power to bind the Company by so executed such instruments shall be as binding as if signed by the preside	oe, shall appoint such attorneys-in recognizances and other surety y their signature and execution o	n-fact, as r obligation f any such	may be necess s. Such atton	eary to act in behalf neys-in-fact subject	of the Company to make, execute, to the limitations set forth in their
Certificate of Designation – The President of the Company, acting pursuar fact as may be necessary to act on behalf of the Company to make, execut obligations.					
Authorization – By unanimous consent of the Company's Board of Direction Company, wherever appearing upon a certified copy of any power of attorne the same force and effect as though manually affixed.					
I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty M do hereby certify that this power of attorney executed by said Companies is				e Company, and W	est American Insurance Company
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the se			tay of	June	_,2020
SULT INSURANCE SULTY INSURANCE CONFORMATION OF THE SULTY INSURANCE SULTO OF THE SULTY INSURANCE SULTO OF THE SULTY INSURANCE SULTO OF THE SULTY INSURANCE SULT	ik COMP		Ву:	Leve /	Daules Inn Assistant Screetary