



Global Corporate Trust Services
60 Livingston Avenue, EP-MN-WS3C
St. Paul, MN 55107

usbank.com

March 1, 2018

Ms Elizabeth Leonard Inks, Director, Administration & Finance
City of South Bend
227 West Jefferson Blvd.
Suite 1400 S.
South Bend, IN 46601

Re: South Bend Redevelopment Authority Lease Rental Revenue Refunding Bonds, Series 2013 (Century Center Project)

Dear Ms Leonard Inks:

This letter is being sent in advance of the due date of the following item(s) to assist you in providing us with the required documentation in a timely manner.

<u>Item</u>	<u>Document Reference</u>	<u>Due Date</u>
Exhibit C of First Supplemental Trust Agreement	First Supplemental Trust Agreement 8.03	03/31/2018

If the requested item(s) has been sent, you may disregard this letter.

If possible, please send your item(s) to us electronically in an unalterable portable document format (pdf).

We appreciate your attention to this matter. Please contact me at the telephone number or email address below to discuss any questions or concerns you may have regarding the content of this letter. You may also contact your Relationship Manager, T. Scott Fesler, at 317-264-2501.

Sincerely,

Diane Carlson
Trust Review Analyst
Telephone: 651-466-6288
Facsimile: 651-466-7427
Email: diane.carlson@usbank.com

Account Number: 207223000
Tickler Number(s): 1235988



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
6/27/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Gibson Insurance Agency, Inc. 130 S Main St, Ste 400 PO Box 11177 South Bend IN 46601-0177	CONTACT NAME: Stephen Swihart
	PHONE (A/C, No, Ext): (800) 814-2122 FAX (A/C, No): (800) 836-2122
	E-MAIL ADDRESS: sswihart@gibsonins.com
	PRODUCER CUSTOMER ID: 00003140
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Lexington Ins Co NAIC # 19437
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 17/18 Prop REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Loc# 00001: Dept. of Admin. & Finance 1200 N County-City Building South Bend IN 46601
See Attached Overflow Pages

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY	017471589/04	7/1/2017	7/1/2018	BUILDING	\$
	CAUSES OF LOSS				PERSONAL PROPERTY	\$
	<input type="checkbox"/> DEDUCTIBLES				BUSINESS INCOME	\$
	<input type="checkbox"/> BASIC BUILDING				EXTRA EXPENSE	\$
	<input type="checkbox"/> BROAD CONTENTS				RENTAL VALUE	\$
	<input type="checkbox"/> SPECIAL				BLANKET BUILDING	\$
	<input type="checkbox"/> EARTHQUAKE				BLANKET PERS PROP	\$
	<input type="checkbox"/> WIND				BLANKET BLDG & PP	\$
	<input type="checkbox"/> FLOOD				<input checked="" type="checkbox"/> Per Occurrence	\$ 25,000,000
	<input checked="" type="checkbox"/> Equipment				<input checked="" type="checkbox"/> Business Interruption	\$ Included
	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$
						\$
	<input type="checkbox"/> CRIME					\$
	TYPE OF POLICY					\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Total Insured Limit: \$550,000,000. Listing of carriers for Excess Limits above \$25,000,000 available upon request. This confirms South Bend Redevelopment Authority, re: Lease Rental Revenue Refunding Bonds, Series 2013 (Century Center Project), has adequate coverage as required by Section 8.03 of the Trust Indenture.

CERTIFICATE HOLDER US Bank - Global Corporate Trust Services Diane Carlson, Trust Review Analyst 60 Livingston Avenue EP-MN-WS3C St. Paul, MN 55107	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE G Ins Agency/STSWIH <i>Gibson Insurance Agency, Inc.</i>

EXHIBIT C
OFFICER'S CERTIFICATE

Reference is made to the Trust Agreement dated as of November 1, 2008, as amended (the "Governing Document"), between the South Bend Redevelopment Authority, a public body corporate and politic, organized and existing under Indiana Code 36-7-14.5, as amended (the "Company"), and U.S. Bank National Association, as trustee (the "Trustee").

The undersigned officer hereby certifies to the Trustee that:

- (i) I have read all relevant sections of the Governing Documents relating to Insurance and the definitions relating thereto;
- (ii) I have made such examination or investigation as is necessary or appropriate in order to make the statements contained herein;
- (iii) I have made such examination or investigation as is necessary to enable me to express an informed opinion as to whether or not the terms, conditions and covenants in the Governing Documents with respect to insurance matters have been complied with; and
- (iv) Based on examination and review of the Governing Documents, all of the terms, conditions and covenants set forth in the Governing Documents as they relate to Insurance matters have been satisfied and are in full force and effect.

IN WITNESS WHEREOF, the undersigned has executed this Officer's Certificate this ____ day of _____, 20____.

SOUTH BEND REDEVELOPMENT AUTHORITY

By: _____

Name: _____

Title: _____

SECTION 8.03. Amendment to Section 6.02. The Authority and the Trustee amend Section 6.02 of the Original Trust Agreement to read in its entirety as follows:

“Except as provided in Section 6.01(c), such insurance policies shall be maintained in insurance companies rated B+ or better by A.M. Best Company (or a comparable rating service if A.M. Best Company ceases to exist or rate insurance companies), and shall be countersigned by an agent of the insurer who is a resident of the State of Indiana. Not later than ninety (90) days after the end of its Fiscal Year, the Authority shall deliver to the Trustee a certificate in the form of Exhibit C hereto, signed by an officer of the Authority. If the Authority fails at any time to obtain or maintain at least the minimum insurance required under this Trust Agreement, it shall immediately notify the Trustee in writing of such failure. The Trustee makes no representation as to, and shall have no responsibility for the sufficiency or adequacy of the insurance.”

SECTION 8.04. Survival of Original Trust Agreement. Except to the extent modified, amended, or supplemented by this First Supplemental Trust Agreement, the Original Trust Agreement shall remain in full force and effect.

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