

DATE (MM/DD/YYYY) 06/22/2018

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

6	REPF	OW. THIS CEF	RTIFICATE OF II	NSURANCE DOES NOT CO R, AND THE CERTIFICATE I	NSTITUTE A	CONTRACT BET	WEEN THE ISSUI	ING II	NSURER(S), AUTHO	RIZED	
PRO	DUCI	ER .				CONTACT Sto	ephen Swihart	_			
Gil	son	Insurance Agen	icy, Inc.			PHONE (8	300) 814-2122	_	FAX (A/C, No)	(800)	836-2122
130	SN	lain St, Ste 400				PHONE (800) 814-2122 FAX (A/C, No. Ext): (800) 836-2122 E-MAIL ADDRESS: sswihart@gibsonins.com					
PC	Вох	11177				PRODUCER	00003140				
So	uth B	end		IN	46601-0177	CUSTOMER ID:	INCURERCE AFFOR	DDING	COVERAGE		1 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
INS	INSURED					INSURER A: Le	insurer(s) AFFOR xington Ins Co	RDING	COVERAGE		19437
1. (City o	f South Bend a	nd Any Subsidiary	/		INSURER B :	J				
227	- 7 W J	efferson Blvd						-			
De	pt of /	Admin & Financ	e			INSURER C :				-	
So	uth B	end		IN	46601	INSURER D					
						INSURER E :					
COVERAGES CERTIFICATE NUMBER: 18/19 Prop				INSURER F :		REV/	ISION NUMBER:				
			DESCRIPTION OF PR	ROPERTY (Attach ACORD 101, Addit		Schedule. if more space		IVE	ISIOIT HOMBER.		
See	HIS IS	Ched Overflow TO CERTIFY TATED. NOTWITH FICATE MAY BE	Pages THAT THE POLICIE HSTANDING ANY F	200 N County-City Building Sol ES OF INSURANCE LISTED BEL REQUIREMENT, TERM OR CON PERTAIN, THE INSURANCE AF ICH POLICIES, LIMITS SHOWN I	OW HAVE BEI	EN ISSUED TO THE IY CONTRACT OR O	OTHER DOCUMENT \ CRIBED HEREIN IS S	WITH	RESPECT TO WHICH	THIS	
INSR LTR		TYPE OF IN		POLICY NUMBER	WATHAVEBE	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	c	OVERED PROPERTY		LIMITS
	×	PROPERTY				<u>`</u>		T	BUILDING	\$	
	CAL	JSES OF LOSS	DEDUCTIBLES						PERSONAL PROPERTY	\$	
		BASIC	BUILDING	1					BUSINESS INCOME	s	
		BROAD	CONTENTS					H	EXTRA EXPENSE	\$	
		SPECIAL	CONTENTS						RENTAL VALUE	5	
٨		EARTHQUAKE		047474500/05		07/01/00/0			BLANKET BUILDING	\$	
Α		WIND		017471589/05		07/01/2018	07/01/2019		BLANKET PERS PROP	5	
		FLOOD							BLANKET BLDG & PP	\$	
	×	Equipment	50,000					×	Per occurrence		000,000
	Ė			-				M		s	
		INLAND MARINE		TYPE OF POLICY				\vdash		s	
	CAU	SES OF LOSS						\Box		\$	
		NAMED PERILS		POLICY NUMBER						s	
										\$	
		CRIME						\Box		s	
	TYP	E OF POLICY								\$	
										s	
		BOILER & MACH								\$	
		EQUIPMENT BRE	WUDOAM							5	
										s	
										s	
				CORD 101, Additional Remarks Scho as Mortgagee with respects to				Bend,	IN		
CEF	TIFI	CATE HOLDE	R			CANCELLATIO	ON				
Wells Fargo Bank N.A. MAC N8622-033					THE EXPIRAT ACCORDANC	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				D BEFORE	
Fort Wayne IN 46802						dibioni Shirtansa Commi La					



DATE (MM/DD/YYYY) 06/22/2018

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.

	BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.							
PRODUCER			CONTACT NAME:	Stephen Swihart				
Gibson Insurance Agency, Inc.			PHONE (A/C, No, Ext)	(800) 814-2122	FAX (A/C, No):	(800) 836-2122		
130 S Main St, Ste 400			E-MAIL ADDRESS:	sswihart@gibsonins.com	1,00,110,			
PO Box 11177			PRODUCER CUSTOMER II	00003140				
South Bend	IN	46601-0177	O O O TO MERK II	INSURER(S) AFFORDIN	NG COVERAGE	NAIC #		
INSURED			INSURER A:	Lexington Ins Co		19437		
1. City of South Bend and Any Subsidiary			INSURER B :					
227 W Jefferson Blvd			INSURER C :					
Dept of Admin & Finance			INSURER D :					
South Bend	IN	46601	INSURER E :					
			INSURER F :					
COVERAGES	CERTIFICATE NUMBER:	18/19 Prop		RE	VISION NUMBER:			
LOCATION OF PREMISES / DESCRIPTION OF PR	OPERTY (Attach ACORD 101, Add	tional Remarks Sch	edule, if more s	pace is required)				
Loc# 00001: Dept. of Admin. & Finance 1 See Attached Overflow Pages	200 N County-City Building So	outh Bend IN 466	501					
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								

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.

NSR TR		TYPE OF IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS
	×	PROPERTY						BUILDING	s
	CAL	SES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	s
		BASIC	BUILDING					BUSINESS INCOME	\$
į.		BROAD	CONTENTS	·				EXTRA EXPENSE	s
		SPECIAL						RENTAL VALUE	\$
A		EARTHQUAKE		017471589/05	07/04/0040		BLANKET BUILDING	55	
^]		WIND			07/01/2018	07/01/2019		BLANKET PERS PROP	\$
		FLOOD		1	i i			BLANKET BLDG & PP	s
ij	×	Equipment	50,000				×	Per occurrence	\$ 25,000,000
									s
		INLAND MARINE		TYPE OF POLICY					s
	CAU	ISES OF LOSS							s
		NAMED PERILS		POLICY NUMBER					S
									s
-		CRIME							s
- 1	TYPE OF POLICY								S
									\$
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN								S
									\$
									s
									s

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Wells Fargo Bank Indiana, N.A. is named as Mortgagee with respects to O'Brien School, Parks Dept #1103, 321 Walter Street, South Bend, IN City of South Bend Building Corporation

CERTIFICATE HOLDER		CANCELLATION
Wells Fargo Bank N.A.		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
MAC N8622-033		AUTUONITE DEPOSE AT A STATE OF THE STATE OF
111 E Wayne St		AUTHORIZED REPRESENTATIVE
Fort Wayne	IN 46802	Stilven Insurance Agonyi Ila



DATE (MM/DD/YYYY) 06/22/2018

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 PRODUCE	R, AND THE CERTIFICATE	HOLDER.					
PRODUCER			CONTACT Stephen Swihart				
Gibson Insurance Agency, Inc.			PHONE (A/C, No, Ext): (800) 814-2122 (A/C, No): (800) 836-2122			
130 S Main St, Ste 400			E-MAIL sswihart@gibsonins.com				
PO Box 11177			PRODUCER 00003140				
South Bend	IN	46601-0177	INSURER(S) AFFORDING COVERAGE	NAIC #			
INSURED			INSURER A: Lexington Ins Co	19437			
City of South Bend and Any Subsidiary	1		INSURER B :				
227 W Jefferson Blvd			INSURER C:				
Dept of Admin & Finance			INSURER D :				
South Bend	IN	46601	INSURER E :				
			INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	18/19 Prop	REVISION NUMBER:				
OCATION 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

ISR .TR		TYPE OF IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
	×	PROPERTY						BUILDING	s
	CAU	ISES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$
		BASIC	BUILDING	1				BUSINESS INCOME	5
		BROAD	CONTENTS	4				EXTRA EXPENSE	\$
- 1	SPECIAL		CONTENTS					RENTAL VALUE	5
. 1	EARTHQUAKE	0474747000	07/04/0040	07/04/0040		BLANKET BUILDING	s		
A		WIND		017471589/05	07/01/2018	07/01/2019		BLANKET PERS PROP	s
1		FLOOD						BLANKET BLDG & PP	s
1	×	Equipment	50,000				×	Per occurrence	\$ 25,000,000
									s
		INLAND MARINE		TYPE OF POLICY					\$
	CAU	SES OF LOSS							\$
		NAMED PERILS		POLICY NUMBER					5
									s
		CRIME							5
1	TYPE OF POLICY								\$
									s
		BOILER & MACH							5
		Egon MENT DIVI							\$
									\$
									\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Wells Fargo Bank Indiana, N.A. is named as Mortgagee with respects to 701 W Sample St, South Bend IN (Municipal Services) and 5303 York Road, South Bend, IN (Fire Station #10) City of South Bend Building Corporation

CERTIFICATE HOLDER	CANCELLATION				
Wells Fargo Bank N.A. MAC N8622-033 111 E Wayne St Fort Wayne IN 46802	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				



DATE (MM/DD/YYYY) 06/22/2018

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.

REPRESENTATIVE ON PRODUCER, AND THE CERTIFICATE HOLDER.						
PRODUCER			CONTACT Stephen Swihart			
Gibson Insurance Agency, Inc.			PHONE (A/C, No, Ext): (800) 814-2122 (A/C, No): (800)	836-2122		
130 S Main St, Ste 400			E-MAIL sswihart@gibsonins.com			
PO Box 11177			PRODUCER 00003140 CUSTOMER ID:			
South Bend	IN	46601-0177	INSURER(S) AFFORDING COVERAGE	NAIC#		
INSURED			INSURER A: Lexington Ins Co	19437		
City of South Bend and Any Subsidiary			INSURER B :			
227 W Jefferson Blvd			INSURER C :			
Dept of Admin & Finance			INSURER D :			
South Bend	IN	46601	INSURER E :			
			INSURER F:			
COVERAGES	CERTIFICATE NUMBER:	18/19 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.

SR TR		TYPE OF IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
	×	PROPERTY						BUILDING	s
	CAU	JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	s
		BASIC	BUILDING	7		07/04/0040		BUSINESS INCOME	s
		BROAD	CONTENTS	4				EXTRA EXPENSE	\$
1		SPECIAL]					RENTAL VALUE	s
. 1		EARTHQUAKE		047474590/05	07/04/0040			BLANKET BUILDING	s
A		WIND		017471589/05	07/01/2018	07/01/2019		BLANKET PERS PROP	s
Ī		FLOOD		1				BLANKET BLDG & PP	s
Ī	×	Equipment	50,000				×	Per occurrence	\$ 25,000,000
									\$
		INLAND MARINE		TYPE OF POLICY		ļ,			s
	CAU	ISES OF LOSS							\$
		NAMED PERILS		POLICY NUMBER					S
									\$
		CRIME							s
	TYPE OF POLICY BOILER & MACHINERY / EQUIPMENT BREAKDOWN								\$
									5
									\$
									S
									\$
									s

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Wells Fargo Bank Indiana, N.A. is named as Mortgagee with respects to 730 United Drive, South Bend, IN City of South Bend Building Corporation

CERTIFICATE HOLDER		CANCELLATION				
Wells Fargo Bank N.A. MAC N8622-033			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
111 E Wayne St			AUTHORIZED REPRESENTATIVE			
Fort Wayne	IN	46802	Aibion Shirrance Agonyi Sho			



DATE (MM/DD/YYYY) 06/22/2018

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.

E F	SELC REPR	OW. THIS CER	RTIFICATE OF IN	NSURANCE DOES NOT CO	NSTITUTE A	CONTRACT BET	WEEN THE ISSUI	NG	INSURER(S), AUT	HORIZED)	
PRO	DUCE	R				CONTACT Ste	ephen Swihart					
Gib	son i	Insurance Agen	cy, Inc				300) 814-2122	-	FAX (A/C, I	(800)) 836-2122	
130	SM	lain St, Ste 400	·			E-MAIL SSI	E-MALL ADDRESS: sswihart@gibsonins.com					
PO	Вох	11177				ADDRESS: DOWNSLOSS OF THE PRODUCER OCOUSTOMER ID: 00003140						
Sou	ıth B	end		IN	46601-0177	CUSTOMER ID:		22111	COVERAGE		11410.4	
INSU	JRED					INSURER A: Le	insurer(s) Affor xington Ins Co	RUING	COVERAGE		19437	
1. 0	city o	f South Bend a	nd Any Subsidiary	,		INCORLEGE A.	9				10.00	
ı	•	efferson Blvd	,,			INSURER B :						
Der	ot of A	Admin & Financ	e			INSURER C :						
Sou	ıth Be	end		IN	46601	INSURER D :		-			1	
						INSURER E :						
CO	VFR	AGES		CERTIFICATE NUMBER:	18/19 Prop	INSURER F:		DE/	/ISION NUMBER:			
			DESCRIPTION OF PR	OPERTY (Attach ACORD 101, Addi		ichedule if more space		KE	VISION NUMBER.			
See TI IN C	Atta IS IS IDICA	ched Overflow TO CERTIFY TATED. NOTWITH FICATE MAY BE	Pages THAT THE POLICIE HSTANDING ANY FEISSUED OR MAY	200 N County-City Building So ES OF INSURANCE LISTED BEI REQUIREMENT, TERM OR CON PERTAIN, THE INSURANCE AF CH POLICIES. LIMITS SHOWN	LOW HAVE BEINDITION OF AN	EN ISSUED TO THE IY CONTRACT OR (THE POLICIES DESC	OTHER DOCUMENT \ CRIBED HEREIN IS S	WITH	RESPECT TO WHIC	H THIS		
INSR LTR		TYPE OF IN		POLICY NUMBER		POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS	
	×	PROPERTY						H	BUILDING			
	-	JSES OF LOSS	DEDUCTIBLES				8		PERSONAL PROPERT	Y S		
		BASIC	BUILDING	-					BUSINESS INCOME	\$		
	_	BROAD	CONTENTS					-	EXTRA EXPENSE	S		
		SPECIAL	CONTENTS				13		RENTAL VALUE	\$		
		EARTHQUAKE							BLANKET BUILDING	\$		
Α		WIND		017471589/05		07/01/2018	07/01/2019		BLANKET PERS PROF			
		FLOOD		-					BLANKET BLDG & PP	4		
	×	Equipment	50,000	-				×	Per occurrence	s 25,	,000,000	
				-						9	,000,000	
		INLAND MARINE		TYPE OF POLICY						\$		
	CAU	SES OF LOSS					3			5		
		NAMED PERILS		POLICY NUMBER			l i			\$		
										\$		
		CRIME								\$		
	TYP	E OF POLICY						Т		s		
							3			\$		
		BOILER & MACH								S		
		EQUIPMENT BRE	EAKDOWN							S		
										s		
										s		
SPEC	IAL C	ONDITIONS / OTH	IER COVERAGES (A	CORD 101, Additional Remarks Sch	nedule, may be at	tached if more space is	s required)					
With	resp	ects to South E	Bend Redevelopm	ent Authority Bond Issues Wel Bend Redevelopment Comm	lls Fargo Bank			Nam	ed insured includes	South		
CER	CERTIFICATE HOLDER					CANCELLATIO	ON					
Wells Fargo Bank N.A. MAC N8622-033				SHOULD ANY THE EXPIRAT	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				ED BEFORE			
111 E Wayne Street					Hickory Detrobance Comme C.							

OFFICER'S CERTIFICATE

Reference is made to the Mortgage and Trust Indenture dated as of May 1, 2001 (the "Governing Document"), between the City of South Bend Building Corporation, a not-for-profit corporation organized and existing under the laws of the State of Indiana, as amended, and Wells Fargo Bank, N.A., 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.

Title:

	IN WITNESS WHEREOF, the undersigne	d has executed this Officer's Certificate
This	_ day of	
		CITY OF SOUTH BEND BUILDING CORPORATION
		By:
		Name: