

Macon County



**MACON COUNTY BOARD OF COMMISSIONERS
CONTINUED SESSION
DECEMBER 3, 2016 – 6:00 P.M.
AGENDA**

1. Oaths of office for Commissioners Beale, Shields and Tate – Senior Resident Superior Court Judge William H. Coward
2. Call to order – County Manager
3. Election of chairman – County Manager
4. Election of vice-chairman
5. Examination of the Official Bond for Public Officials of Macon County
6. Consideration of the 2019 regular meeting schedule
7. Adjourn

OATH OF OFFICE

STATE OF NORTH CAROLINA
COUNTY OF MACON

I, Ronnie D. Beale, do solemnly swear (or affirm) that I will support and maintain the Constitution and laws of the United States, and the Constitution and laws of North Carolina not inconsistent therewith, and that I will faithfully discharge the duties of my office as

COUNTY COMMISSIONER
Of Macon County, so help me God

Sworn to and subscribed before me, this
3rd day of December, 2018

Judge William H. Coward

OATH OF OFFICE

STATE OF NORTH CAROLINA
COUNTY OF MACON

I, Gary Shields, do solemnly swear (or affirm) that I will support and maintain the Constitution and laws of the United States, and the Constitution and laws of North Carolina not inconsistent therewith, and that I will faithfully discharge the duties of my office as

COUNTY COMMISSIONER
Of Macon County, so help me God

Sworn to and subscribed before me, this
3rd day of December, 2018

Judge William H. Coward

OATH OF OFFICE

STATE OF NORTH CAROLINA
COUNTY OF MACON

I, James Phil Tate, do solemnly swear (or affirm) that I will support and maintain the Constitution and laws of the United States, and the Constitution and laws of North Carolina not inconsistent therewith, and that I will faithfully discharge the duties of my office as

COUNTY COMMISSIONER
Of Macon County, so help me God

Sworn to and subscribed before me, this
3rd day of December, 2018

Judge William H. Coward

**RESOLUTION
EXAMINATION OF OFFICIAL BONDS
FOR PUBLIC OFFICIALS OF MACON COUNTY**

WHEREAS, pursuant to North Carolina General Statutes §58-72, the Macon County Board of Commissioners is required each year to examine carefully the bonds of the public officers listed in North Carolina General Statute §58-72-10 and must give bonds with sufficient surety in order for them to qualify for office. The bonds shall be in accordance with varying General Statutes as related to the following positions:

1. **County Finance Officer** – Bond in an amount not less than \$50,000 (N.C.G.S. §159-29(a)). Current surety is The Ohio Casualty Insurance Company, Bond No. 3792517, in the amount of \$250,000.
2. **Tax Collector** – Bond must be given for satisfactory collection of taxes; amount at discretion of Board of Commissioners (N.C.G.S. §105-349(c)). Current surety is The Ohio Casualty Insurance Company, Bond No. 3792517, in the amount of \$250,000.
3. **Register of Deeds** – Bond of not less than \$10,000 nor more than \$50,000, approved by the Board of Commissioners, and payable to the State (N.C.G.S §161-4). Current surety is The Ohio Casualty Insurance Company, Bond No. 3792517, in the amount of \$50,000.
4. **Sheriff** – Bond shall be in an amount not more than \$25,000 (N.C.G.S §162-8). Current surety is Western Surety Company, Bond No. 72097674, in the amount of \$25,000.

WHEREAS, the Macon County Finance Office has secured from The Ohio Casualty Insurance Company and Western Surety Company the attached official bonds for the above referenced public officials for the Macon County Board of Commissioners' consideration and approval;

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Macon County Board of Commissioners that official bonds for the public officials referenced above in the recommended amounts from The Ohio Casualty Insurance Company and Western Surety Company are hereby approved.

Adopted this the 3rd day of December, 2018.

Chairman, Macon County Board of Commissioners

ATTEST:

(Seal)

Ex Officio Clerk to the Board

North Carolina

Western Surety Company

OFFICIAL BOND

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 72097674

That we, Robert L. Holland
of _____, North Carolina, as Principal, and WESTERN SURETY
COMPANY, a corporation duly licensed to do business in the State of North Carolina, as Surety, are held
and firmly bound unto County of Macon
in the sum of Twenty-Five Thousand and 00/100 DOLLARS (\$ 25,000.00),
for the payment of which well and truly to be made, we bind ourselves and our legal representatives, jointly
and severally by these presents.

Dated this 14th day of November, 2018.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the said Principal has
 appointed elected to the office of Sheriff
for the term beginning the 3rd day of December, 2018, and ending the
3rd day of December, 2022.

NOW THEREFORE, if the said Principal shall in all things faithfully perform the duties of his office
and shall properly account for all moneys and effects that may come into his hands in his official capacity
during the said term, then this obligation to be void, otherwise to remain in full force and effect.

This bond is executed by the Surety upon the following express conditions, which shall be conditions
precedent to the right of recovery hereunder:

FIRST: The Surety shall not be liable for the loss of any public moneys or funds resulting from the
failure or default in payment by any Banks or Depositories in which any public moneys or funds have
been deposited.

SECOND: This bond may be cancelled by the Surety as to future liability by giving written notice, by
certified mail, addressed to each, the Principal and the Obligee at County of Macon, North Carolina,
and thirty (30) days after the mailing of said notices by certified mail, this bond shall be cancelled and null
and void as to any liability thereafter arising, the Surety remaining liable, however, subject to all the
terms and conditions of this bond for any and all acts covered by this bond up to the date of such

Witness to Principal

Robert L. Holland

BY:

Principal

Witness to Surety

J. Nelson
A. Vixor

WESTERN SURETY COMPANY

By

Paul T. Bruhat

Paul T. Bruhat, Senior Vice President

North Carolina Resident Agent

Countersigned NOT NEEDED

Approved this _____ day of _____.

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruflat of Sioux Falls,
State of South Dakota, its regularly elected Vice President,
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One SHERIFF COUNTY OF MACON

bond with bond number 72097674

for ROBERT L. HOLLAND

as Principal in the penalty amount not to exceed: \$25,000.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by Vice President with the corporate seal affixed this 14th day of November, 2018.

ATTEST

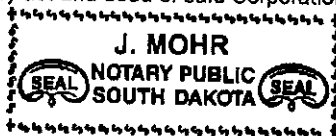
L. Nelson
L. Nelson, Assistant Secretary

WESTERN SURETY COMPANY
By Paul T. Bruflat
Paul T. Bruflat, Vice President



STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

On this 14th day of November, 2018, before me, a Notary Public, personally appeared Paul T. Bruflat and L. Nelson who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



J. Mohr
My Commission Expires June 23, 2021 Notary Public

To validate bond authenticity, go to www.cnasurety.com > Owner/Obligee Services > Validate Bond Coverage.





Marsh USA Inc.
Charlotte NC
(704) 374-8000

JULY

V13006

INVOICE

	.2 of 2
Invoice Total	1,928.00 USD
	656234200148
	06/20/2018
	6562300000

Billed To: County of Macon
Attn: Sam Greenwood
6 West Main Street
Franklin, NC 28734



Ohio Casualty Insurance Co	3792517	07/01/2018	07/01/2019	Original	Commercial Bond	PREMIUM	1,928.00
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Invoice Comments:

Principal: Macon County
 Obligor: State of North Carolina through Macon County
 Bond Amount: \$950,000.00
 Bond Type - Description: Public Official Bond -
 Requester: Lori Hall
 Register of Deeds \$50,000 \$175.00 Annual Prem
 Tax Collector \$250,000 \$875.00 Annual Prem
 Finance Director \$250,000 \$875.00 Annual Prem

Received & Approved By:
JUN 29 2018
Accounts Payable
Lisa Sorstard

**Instrument has been preaudited in the manner
 required by the Local Government Budget and
 Control Act.**

 (Signature of finance officer)

Invoice Total (Payable in Full upon Receipt)

Company earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

119900-579200
Lisa Sorstard



Marsh USA Inc.
Charlotte NC
(704) 374-8000

INVOICE

	1 of 2
Invoice Total	1,925.00 USD
	656234200146
	06/20/2018
	6562300000

Billed To: County of Macon
Attn: Sam Greenwood
5 West Main Street
Franklin, NC 28734



Remittance Copy

Company earns and retains interest income on premium payments held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

Detach and remit this portion with your payment

			Invoice Total	
6562300000	656234200146	Immediate	1,925.00 USD	

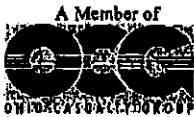
Thank you for your prompt payment.

Please indicate Invoice 656234200146 on your remittance to:

By Wire: Bank Name: Bank of America
Wire Routing Number: 026009593
Account Title: Marsh USA, Inc.
Account Number: 8188063077

By Mail: Marsh USA, Inc.
P.O. Box 846015
Dallas, TX 75284-6015 USA

6562342001462 000019250076



The Ohio Casualty Insurance Company

136 North Third St., Hamilton, Ohio 45025

PUBLIC EMPLOYEES SCHEDULE BOND

BOND NO. 3 792 517

DECLARATIONS

Item 1. Name of Oblige State of North Carolina through Macon County
of 5 West Main Street, Franklin, NC 28734

Item 2. Bond Period: from the beginning of July 1, 2006
(month, day and year)
to 12:01 A.M. on the effective date of the cancelation or termination of this bond as provided in Condition 4.

Item 3. Employees covered hereunder and limits of liability as to each employee:

1. ITEM NO.	2. NAME OR POSITION	3. LOCATION	4. No. of Positions Bonded	5. Amount of Bond For Each	6. PREMIUM
1.	Finance Director		1	\$250,000	\$875.00
2.	Tax Collector		1	\$100,000	\$350.00
3.	Personnel/Accounting Specialist		1	\$100,000	\$350.00
4.	County Manager		1	\$75,000	\$263.00
5.	Register of Deeds		1	\$50,000	\$175.00

Total Bond Amount \$575,000.

(If space insufficient, continue on attached sheet)

Total Premium \$ 2,013.00

Item 4. The Oblige, by the acceptance of this Bond, gives notice to the Surety terminating or canceling prior bond(s) No(s).
Fidelity and Deposit Company of Maryland, Bond #08261631
Such termination or cancellation to be effective as of the time this Bond becomes effective.

SIGNED, SEALED and DATED this 21st day of July, 2006

The Ohio Casualty Insurance Company

By 

Maryann Dark

Attorney-in-fact

The Ohio Casualty Insurance Company, hereinafter called the Surety, in consideration of the payment of the premium and subject to the Declarations made a part hereof, and to all the conditions and other terms of this bond, agrees to indemnify the Obligee for direct loss through the failure of any person now or hereafter filling any position named in Item 3 of the Declarations, acting alone or in collusion with others, to perform faithfully his duties during the period that this bond is in force. The amount of indemnity on each position is limited to that amount set forth in Column 5 opposite the name of that position in Item 3 of the Declarations.

This bond is executed and accepted subject to the agreements and limitations set forth in Section A hereof, and to the conditions set forth in Section B hereof, which conditions shall be conditions precedent to recovery hereunder.

Section A-

Continuation FIRST: This bond, if written for a definite term, may be continued in force from time to time by continuation certificate executed by the Surety.

Liability Non-Cumulative SECOND: Regardless of the number of years this bond shall continue or be continued in force, and of the number of

annual premiums that shall be payable or paid, the Surety shall not be liable hereunder on account of defaults as aforesaid committed: (a) by any person filling any position covered hereunder for a larger amount in the aggregate than the amount set opposite the name of such position in Item 3 of the Declarations, or for which added thereto; or (b) by any person filling, at the same time or at different times, two or more positions covered hereunder in the same amount, for more in the aggregate than said last mentioned amount; or (c) by any person filling, at the same time or at different times, two or more positions covered hereunder in different amounts, for more in the aggregate than the larger or largest of said last mentioned amounts.

Addition of New Positions THIRD: If the Obligee shall request the Surety to add to Item 3 of the Declarations any position not named therein, and the Surety shall elect so to do, the Surety shall add the name of such position to Item 3 of the Declarations by written acceptance setting forth the amount of suretyship and the time from which effective.

Cancellation FOURTH: Either the Surety or the Obligee may cancel this bond as an entirety or as to any person or position, by written notice served upon the other, and specifying therein the effective date of such cancellation. Such date, if the notice be served by the Surety, shall be not less than twenty-five days after such service. In case of cancellation the Surety shall, on written demand, refund to the Obligee any unearned premium, but any premium refunded on account of any position covered hereunder shall be repaid to the Surety in case of payment of loss on account of such position.

Termination as to Employee FIFTH: This bond shall terminate as to future acts of any person filling any position covered hereunder immediately upon discovery by the obligee of the failure of any such person to faithfully perform his duties.

Obligee Required SIXTH: In case all of the positions to Cover all Positions of the same designation are not the Same Designation covered hereunder, then the liability of the Surety on account of any person filling any position of such designation shall not exceed in the aggregate the quotient resulting from dividing the sum total of the amounts carried hereunder on such positions by the number of such positions.

SECTION B-

Notice to Surety of Loss FIRST: The Obligee shall notify the Surety of any default hereunder on the part of any person filling any position covered hereunder, within a reasonable time after discovery thereof by the Obligee, or if a corporation, by any director thereof by the Obligee, or if a corporation, by director thereof by any officer thereof not in collusion with such person. Such notice shall set forth the name and address of the person causing such loss and the position filled by such person.

Filing of Claim SECOND: Within ninety days after discovery as aforesaid of any default hereunder, the Obligee shall file with the Surety affirmative proof of loss, itemized and duly sworn to, on proof of loss form in use by the Surety, and shall, if requested by the Surety, produce from time to time, for examination by its representatives, all books, documents and records pertaining to such default.

Filing of Suit THIRD: Any suit to recover against the Surety on account of loss hereunder shall be brought before the expiration of twelve months from the discovery, as aforesaid, of such default.

Statutory Limitations FOURTH: If any limitation herein for giving notice, filing proof of loss or bringing suit is prohibited or made void by any law controlling the construction hereof, such limitation shall be deemed to be amended so as to be equal to the minimum period of limitation permitted by such law.

Riders FIFTH: The liability of the Surety hereunder is subject to the terms and conditions of the following riders attached thereto:

CERTIFIED COPY OF POWER OF ATTORNEY
THE OHIO CASUALTY INSURANCE COMPANY
WEST AMERICAN INSURANCE COMPANY

No. 39-306

Know All Men by These Presents: That THE OHIO CASUALTY INSURANCE COMPANY, an Ohio Corporation, and WEST AMERICAN INSURANCE COMPANY, an Indiana Corporation, pursuant to the authority granted by Article III, Section 9 of the Code of Regulations and By-Laws of The Ohio Casualty Insurance Company and West American Insurance Company, do hereby nominate, constitute and appoint Judie Chisolm or Maryann Dark of Charlotte, North Carolina its true and lawful agent (s) and attorney (s)-in-fact, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all BONDS, UNDERTAKINGS, and RECOGNIZANCES, not exceeding in any single instance TWO MILLION (\$2,000,000.00) DOLLARS, excluding, however, any bond(s) or undertaking(s) guaranteeing the payment of notes and interest thereon

And the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the Companies at their administrative offices in Fairfield, Ohio, in their own proper persons. The authority granted hereunder supersedes any previous authority heretofore granted the above named attorney(s)-in-fact.

In WITNESS WHEREOF, the undersigned officer of the said The Ohio Casualty Insurance Company and West American Insurance Company has hereunto subscribed his name and affixed the Corporate Seal of each Company this 21st day of April, 2006.



Sam Lawrence
Sam Lawrence, Assistant Secretary

STATE OF OHIO,
COUNTY OF BUTLER

On this 21st day of April, 2006 before the subscriber, a Notary Public of the State of Ohio, in and for the County of Butler, duly commissioned and qualified, came Sam Lawrence, Assistant Secretary of THE OHIO CASUALTY INSURANCE COMPANY and WEST AMERICAN INSURANCE COMPANY, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn deposes and says, that he is the officer of the Companies aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and the said Corporate Seals and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at the City of Hamilton, State of Ohio, the day and year first above written.



Cheryl S. Gregory

Notary Public in and for County of Butler, State of Ohio
My Commission expires August 6, 2007.

This power of attorney is granted under and by authority of Article III, Section 9 of the Code of Regulations and By-Laws of The Ohio Casualty Insurance Company and West American Insurance Company, extracts from which read:

Article III, Section 9. Appointment of Attorneys-in-Fact. The Chairman of the Board, the President, any Vice-President, the Secretary or any Assistant Secretary of the corporation shall be and is hereby vested with full power and authority to appoint attorneys-in-fact for the purpose of signing the name of the corporation as surety to, and to execute, attach the seal of the corporation to, acknowledge and deliver any and all bonds, recognizances, stipulations, undertakings or other instruments of suretyship and policies of insurance to be given in favor of any individual, firm, corporation, partnership, limited liability company or other entity, or the official representative thereof, or to any county or state, or any official board or boards of any county or state, or the United States of America or any agency thereof, or to any other political subdivision thereof

This instrument is signed and sealed as authorized by the following resolution adopted by the Boards of Directors of the Companies on October 21, 2004:

RESOLVED, That the signature of any officer of the Company authorized under Article III, Section 9 of its Code of Regulations and By-laws and the Company seal may be affixed by facsimile to any power of attorney or copy thereof issued on behalf of the Company to make, execute, seal and deliver for and on its behalf as surety any and all bonds, undertakings or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment. Such signatures and seal are hereby adopted by the Company as original signatures and seal and shall, with respect to any bond, undertaking or other written obligations in the nature thereof to which it is attached, be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATE

I, the undersigned Assistant Secretary of The Ohio Casualty Insurance Company and West American Insurance Company, do hereby certify that the foregoing power of attorney, the referenced By-Laws of the Companies and the above resolution of their Boards of Directors are true and correct copies and are in full force and effect on this date.

IN WITNESS WHEREOF, I have hereunto set my hand and the seals of the Companies this 21st day of July, 2006



Mark S. Schmidt
Assistant Secretary



The Ohio Casualty Insurance Company

136 North Third Street, Hamilton, Ohio 45025

ADDITION AND/OR DEDUCTION NOTICE POSITION OR NAME SCHEDULE BOND

The Ohio Casualty Insurance Company as Surety upon Fidelity Bond No. 3 792 517 Notice No. 001 in favor of State of North Carolina through Macon County (Insured) does hereby:

(a) Add to the schedule attached to said bond the Employee(s) or Position(s) named in column 3 hereof, in the amount(s) stated in column 4, such addition(s) to be effective on and after the date(s) stated in column 1 hereof, opposite the name(s) of such Employee(s) or Position(s).

(b) Deduct from said schedule the Employee(s) or Position(s) named in column 3 hereof, presently covered in the amount(s) stated in column 5, such deduction (s) to be effective on and after the date (s) stated in column 1 hereof, opposite such name (s) or position (s).

(Where there is a change in the amount of coverage on an Employee or Position, the old amount is shown as a deduction in column 5, and the new amount is shown as an addition in column 4.)

Effective Date 1.	Item No. 2.	3.	Amount For Which Added 4.	Amount For Which Deducted 5.	Additional Premium 6.	Return Premium 7.
1/19/2007	2	Name or Position Tax Collector	\$150,000.00		\$290.00	
		Location				
		Name or Position				
		Location				
		Name or Position				
		Location				
		Name or Position				
		Location				
		Name or Position				
		Location				

Total Premium Added \$ 290.00

Total Premium Deducted \$ _____

Net Additional Premium
or
 Return Premium \$ 290.00

The above changes have been made pursuant to request by the insured and/or cancellation by the Underwriter.

P - 4557

Maryann Dark

Authorized Representative

CERTIFIED COPY OF POWER OF ATTORNEY
THE OHIO CASUALTY INSURANCE COMPANY
WEST AMERICAN INSURANCE COMPANY

No. 39-306

Know All Men by These Presents: That THE OHIO CASUALTY INSURANCE COMPANY, an Ohio Corporation, and WEST AMERICAN INSURANCE COMPANY, an Indiana Corporation, pursuant to the authority granted by Article III, Section 9 of the Code of Regulations and By-Laws of The Ohio Casualty Insurance Company and West American Insurance Company, do hereby nominate, constitute and appoint Judie Chisolm or Maryann Dark of Charlotte, North Carolina its true and lawful agent (s) and attorney (s)-in-fact, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all BONDS, UNDERTAKINGS, and RECOGNIZANCES, not exceeding in any single instance TWO MILLION (\$2,000,000.00) DOLLARS, excluding, however, any bond(s) or undertaking(s) guaranteeing the payment of notes and interest thereon

And the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the Companies at their administrative offices in Fairfield, Ohio, in their own proper persons. The authority granted hereunder supersedes any previous authority heretofore granted the above named attorney(s)-in-fact.

In WITNESS WHEREOF, the undersigned officer of the said The Ohio Casualty Insurance Company and West American Insurance Company has hereunto subscribed his name and affixed the Corporate Seal of each Company this 21st day of April, 2006.



Sam Lawrence
Sam Lawrence, Assistant Secretary

STATE OF OHIO,
COUNTY OF BUTLER

On this 21st day of April, 2006 before the subscriber, a Notary Public of the State of Ohio, in and for the County of Butler, duly commissioned and qualified, came Sam Lawrence, Assistant Secretary of THE OHIO CASUALTY INSURANCE COMPANY and WEST AMERICAN INSURANCE COMPANY, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn deposes and says, that he is the officer of the Companies aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and the said Corporate Seals and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at the City of Hamilton, State of Ohio, the day and year first above written.



Cheryl S. Gregory

Notary Public in and for County of Butler, State of Ohio
My Commission expires August 6, 2007.

This power of attorney is granted under and by authority of Article III, Section 9 of the Code of Regulations and By-Laws of The Ohio Casualty Insurance Company and West American Insurance Company, extracts from which read:

Article III, Section 9. Appointment of Attorneys-in-Fact. The Chairman of the Board, the President, any Vice-President, the Secretary or any Assistant Secretary of the corporation shall be and is hereby vested with full power and authority to appoint attorneys-in-fact for the purpose of signing the name of the corporation as surety to, and to execute, attach the seal of the corporation to, acknowledge and deliver any and all bonds, recognizances, stipulations, undertakings or other instruments of suretyship and policies of insurance to be given in favor of any individual, firm, corporation, partnership, limited liability company or other entity, or the official representative thereof, or to any county or state, or any official board or boards of any county or state, or the United States of America or any agency thereof, or to any other political subdivision thereof

This instrument is signed and sealed as authorized by the following resolution adopted by the Boards of Directors of the Companies on October 21, 2004:

RESOLVED, That the signature of any officer of the Company authorized under Article III, Section 9 of its Code of Regulations and By-laws and the Company seal may be affixed by facsimile to any power of attorney or copy thereof issued on behalf of the Company to make, execute, seal and deliver for and on its behalf as surety any and all bonds, undertakings or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment. Such signatures and seal are hereby adopted by the Company as original signatures and seal and shall, with respect to any bond, undertaking or other written obligations in the nature thereof to which it is attached, be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATE

I, the undersigned Assistant Secretary of The Ohio Casualty Insurance Company and West American Insurance Company, do hereby certify that the foregoing power of attorney, the referenced By-Laws of the Companies and the above resolution of their Boards of Directors are true and correct copies and are in full force and effect on this date.

IN WITNESS WHEREOF, I have hereunto set my hand and the seals of the Companies this 19th day of January, 2007



Mad E. Schmidt
Assistant Secretary



The Ohio Casualty Insurance Company

136 North Third Street, Hamilton, Ohio 45025

ADDITION AND/OR DEDUCTION NOTICE POSITION OR NAME SCHEDULE BOND

Notice No. 002

The Ohio Casualty Insurance Company as Surety upon Fidelity Bond No. 3 792 517 in favor of State of North Carolina through Macon County (Insured) does hereby:

(a) Add to the schedule attached to said bond the Employee(s) or Position(s) named in column 3 hereof, in the amount(s) stated in column 4, such addition(s) to be effective on and after the date(s) stated in column 1 hereof, opposite the name(s) of such Employee(s) or Position(s).

(b) Deduct from said schedule the Employee(s) or Position(s) named in column 3 hereof, presently covered in the amount(s) stated in column 5, such deduction (s) to be effective on and after the date (s) stated in column 1 hereof, opposite such name (s) or position (s).

(Where there is a change in the amount of coverage on an Employee or Position, the old amount is shown as a deduction in column 5, and the new amount is shown as an addition in column 4.)

Effective Date 1.	Item No. 2.	3.	Amount For Which Added 4.	Amount For Which Deducted 5.	Additional Premium 6.	Return Premium 7.
12/31/08	4	Name or Position County Manager		\$75,000.00		\$131.00
		Location				
12/31/08	3	Name or Position Personnel/Accounting Specialist		\$100,000.00		\$175.00
		Location				
		Name or Position				
		Location				
		Name or Position				
		Location				
		Name or Position				
		Location				

Total Premium Added \$ _____

Net Additional Premium
or \$ 306.00

Total Premium Deducted \$ 306.00

Return Premium

The above changes have been made pursuant to request by the Insured and/or cancellation by the Underwriter.

Maryann Dark

Authorized Representative

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

CERTIFIED COPY OF POWER OF ATTORNEY
THE OHIO CASUALTY INSURANCE COMPANY
WEST AMERICAN INSURANCE COMPANY

No. 41-074

Know All Men by These Presents: That THE OHIO CASUALTY INSURANCE COMPANY, an Ohio Corporation, and WEST AMERICAN INSURANCE COMPANY, an Indiana Corporation, pursuant to the authority granted by Article III, Section 9 of the Code of Regulations and By-Laws of The Ohio Casualty Insurance Company and West American Insurance Company, do hereby nominate, constitute and appoint: Judie Chisolm or Maryann Dark of Charlotte, North Carolina its true and lawful agent (s) and attorney (s)-in-fact, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all BONDS, UNDERTAKINGS, and RECOGNIZANCES, not exceeding in any single instance TWO MILLION (\$2,000,000.00) DOLLARS, excluding, however, any bond(s) or undertaking(s) guaranteeing the payment of notes and interest thereon

And the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the Companies at their administrative offices in Fairfield, Ohio, in their own proper persons.

The authority granted hereunder supersedes any previous authority heretofore granted the above named attorney(s)-in-fact.

IN WITNESS WHEREOF, the undersigned officer of the said The Ohio Casualty Insurance Company and West American Insurance Company has hereunto subscribed his name and affixed the Corporate Seal of each Company this 13th day of May, 2008.



Sam Lawrence
Sam Lawrence, Assistant Secretary

STATE OF OHIO,
COUNTY OF BUTLER

On this 13th day of May, 2008 before the subscriber, a Notary Public of the State of Ohio, in and for the County of Butler, duly commissioned and qualified, came Sam Lawrence, Assistant Secretary of THE OHIO CASUALTY INSURANCE COMPANY and WEST AMERICAN INSURANCE COMPANY, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn deposes and says that he is the officer of the Companies aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and the said Corporate Seals and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at the City of Hamilton, State of Ohio, the day and year first above written.



Cheryl B. Gregory

Notary Public in and for County of Butler, State of Ohio
My Commission expires August 5, 2012.

This power of attorney is granted under and by authority of Article III, Section 9 of the Code of Regulations and By-Laws of The Ohio Casualty Insurance Company and West American Insurance Company, extracts from which read:

Article III, Section 9. Appointment of Attorneys-in-Fact. The Chairman of the Board, the President, any Vice-President, the Secretary or any Assistant Secretary of the corporation shall be and is hereby vested with full power and authority to appoint attorneys-in-fact for the purpose of signing the name of the corporation as surety to, and to execute, attach the seal of the corporation to, acknowledge and deliver any and all bonds, recognizances, stipulations, undertakings or other instruments of suretyship and policies of insurance to be given in favor of any individual, firm, corporation, partnership, limited liability company or other entity, or the official representative thereof, or to any county or state, or any official board or boards of any county or state, or the United States of America or any agency thereof, or to any other political subdivision thereof.

This instrument is signed and sealed as authorized by the following resolution adopted by the Boards of Directors of the Companies on October 21, 2004:

RESOLVED, That the signature of any officer of the Company authorized under Article III, Section 9 of its Code of Regulations and By-laws and the Company seal may be affixed by facsimile to any power of attorney or copy thereof issued on behalf of the Company to make, execute, seal and deliver for and on its behalf as surety any and all bonds, undertakings or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment. Such signatures and seal are hereby adopted by the Company as original signatures and seal and shall, with respect to any bond, undertaking or other written obligations in the nature thereof to which it is attached, be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATE

I, the undersigned Assistant Secretary of The Ohio Casualty Insurance Company and West American Insurance Company, do hereby certify that the foregoing power of attorney, the referenced By-Laws of the Companies and the above resolution of their Boards of Directors are true and correct copies and are in full force and effect on this date.

IN WITNESS WHEREOF, I have hereunto set my hand and the seals of the Companies this 15 day of December, 2008



Mark E. Schmidt
Assistant Secretary

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 1-513-867-3471 between 9:00 am and 4:30 pm EST on any business day.

Macon County



Macon County Board of Commissioners Regular Meeting Schedule 2019

Unless otherwise noticed, the members of the Macon County Board of Commissioners will hold their regular monthly meeting on the second Tuesday of each month beginning at 6 p.m. in the commission boardroom on the third floor of the Macon County Courthouse, located at 5 West Main Street, Franklin, NC 28734. Those dates are as follows:

- January 8
- February 12
- March 12
- April 9
- May 14
- June 11
- July 9
- August 13
- September 10
- October 8
- November 12
- December 10

Mike Decker
Deputy Clerk