No. <u>9071512</u>

# THE STATE OF ALABAMA,

## Know All Men By These Presents

|  | (AS PRINCIPAL)   |   |
|--|--|---|
| FEDERATED MUTUAL INSURANCE COMPANY   | (AS SURETY)  | · · · · · · · · · · · · · · · · · · ·   |
| are held and firmly bound unto the State of Alabar   | na, in the sum ofTEN_THOUS   | SAND AND NO/100                         |
| ho made and done we bind ownselves   | Dollars, for the payment of wh   |   |
| be made and done, we bind ourselves, our heirs, ex<br>presents, and we hereby waive our right to claim pe  |  |   |
| Sealed with our seals, and dated this <u>13TH</u>  | day of JANUARY   | ,XIX) 200                               |
| The condition of the above obligation, That w  | vhereas the above bound WILLIA   | M H JENKINS                             |
|  | was duly   | APPOINTED                               |
| to the office of NOIARY PUBLIC STATE AT LARGE  | on the <u>13TH</u> day of <u>JANUAR</u>  | Y, 2003 for t                           |
| term of 4 years from the 1ST day of -  |  | ,                                       |
| in Precinct No in and for said Co  |  |   |
| Now, if the said WILLIAM H JENKINS   |  |   |
| discharge all the duties of said office during his cont  | 17x1C411 1(11  | thfully perform a<br>bligation to be vo |
| otherwise to remain in full force and effect.  |  |   |
|  | WILLIAM H JENKINS PRINCIPAL  | (I., S                                  |
|  | X William & De   | (I. (                                   |
|  | FEDERATED MUTUAL INSURANCE   | F COMPANY                               |
|  | $\frac{1}{1}$  | 1 /                                     |
|  |  | // n f                                  |
| X Decident   | X ORNEY INSEACH CONTROL  | (1.5                                    |
| X (Alabama Resident Agent) K S ELLARD Taken and approved this  10th day of 4   |  | TEPHENSON                               |
| (Alabama Resident Agent) K S ELLARD Taken and approved this  10th day of   | CARI S   |   |
| (Alabama Resident Agent) K S ELLARD Taken and approved this / / day of / 4   | muery #92003   |   |
| (Alabama Resident Agent) K S ELLARD Taken and approved this / 10th day of 4  | muery #92003   |   |
| Taken and approved this / / / day of / / / / / / / / / / / / / / / / / /   | nuary H92003 Batricis Yeagr Fram   |   |
| Taken and approved this 10th day of 4  | muery #92003   |   |
| Taken and approved this /// day of // A  THE STATE OF ALABAMA,  JEFFERSON OATH   | nuary H92003 Batricis Yeagr Fram   |   |
| Taken and approved this /// day of // A  THE STATE OF ALABAMA,  JEFFERSON OATH   | nuary H92003 Batricis Yeagr Fram   | dudge of Probate                        |
| Taken and approved this  THE STATE OF ALABAMA,  JEFFERSON  County.  OATH  OATH  Ontion of the United States, and the constitution  | Policia Yeag, Frame  OF OFFICE  solemnly swear that ion of the State of Alabama, so leads to the state of Al | t I will support tong as I continue     |
| THE STATE OF ALABAMA,  JEFFERSON  County.  OATH  OATH  Onstitution of the United States, and the constitution o | Patricia Yeagn Frame  OF OFFICE  solemnly swear that ion of the State of Alabama, so led by discharge the duties of the office.  | t I will support toong as I continue    |
| Taken and approved this  THE STATE OF ALABAMA,  JEFFERSON  County.  OATH  Constitution of the United States, and the Constitution of the United States, an | Patricia Yeagn Frame  OF OFFICE  solemnly swear that ion of the State of Alabama, so led by discharge the duties of the office.  | t I will support thong as I continue    |
| THE STATE OF ALABAMA,  JEFFERSON  County.  OATH  OATH  Onstitution of the United States, and the constitution o | Patricia Yeagn Frame  OF OFFICE  solemnly swear that ion of the State of Alabama, so led by discharge the duties of the office.  | t I will support thong as I continue    |
| Taken and approved this  THE STATE OF ALABAMA,  JEFFERSON  County.  OATH  Constitution of the United States, and the Constitution of the United States, an | Patricia Yeagn Frame  OF OFFICE  solemnly swear that ion of the State of Alabama, so led by discharge the duties of the office.  | t I will support toong as I continue    |
| THE STATE OF ALABAMA,  JEFFERSON  County.  OATH  OATH  Constitution of the United States, and the constitution thereof; and that I will faithfully and honestlabout to enter, to the best of my ability. So help me County to before me this   | Patricia Yeagn Frame  OF OFFICE  solemnly swear that ion of the State of Alabama, so led by discharge the duties of the office.  | t I will support tong as I continue     |

### POWER OF ATTORNEY

#### KNOW ALL MEN BY THESE PRESENTS:

| CART SILI                             | HENSON                            | of the City of_      | OWATONNA                   | State   |
|---------------------------------------|-----------------------------------|----------------------|----------------------------|---|
| of MINNESOT                           | Α                                 | its true and         | lawful attorney for the fo | llowing purposes:                                     |
| To sign its na bonds and penalties no |                                   | and to execute, affi | the seal, acknowledge      | and deliver any and all surety                        |
|                                       | ONE HUN                           | DRED THOUSAND D      | OLLARS (\$100,000) E       | EACH  |
| -                                     | WILLIAM                           | I H JENKINS BE       | SSEMER, AL                 |   |
| Company as if they ha                 | id been executed a                | nd acknowledged by   | the regularly elected of   | ents shall be binding upon the ficers of the Company. |
| designee causes to be:                | _                                 | ed by Federated N    | futual Insurance Compa     | any shall terminate when the                          |
| 1)                                    | Employed by Fe                    | ederated Mutual Inst | rance Company or           |   |
| 2)                                    | Employed by F<br>Attorney is requ |                      | surance Company in a       | job for which such Power of                           |
|                                       | <del>-</del>                      |                      |                            | COMPANY has caused                                    |
| Secretary this the                    | <del>-</del>                      | day of               | •                          | Vice President and Assistant 2000                     |
| (SEAL)                                |                                   | FE3 BY and BY        | Executive Vice Preside     | ISURANCE COMPANY                                      |
|                                       |                                   |                      | Assistant Secretary        |   |
|                                       |                                   | •                    |                            |   |
| STATE OF MINNESO<br>COUNTY OF STEEL   |                                   |                      | •                          |   |

Kelly D. Hagen

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KELLY J. HAGEN.

NOTARY PUBLIC-MINNESOTA MY COMMISSION EXPIRES 1-31-2005

#### COPY OF RESOLUTION

"BE IT RESOLVED that the President or any Vice President in conjunction with the Secretary is hereby authorized and empowered under the corporate seal of the Company, to appoint any person or persons as attorney or attorneys-in-fact, or agent or agents of the Company, in its name and as its act to execute and deliver, anywhere in the United States or Canada, any and all bonds and undertakings of suretyship and other documents that the ordinary course of surety business may require."

"BE IT FURTHER RESOLVED that the Power of Attorney or other document appointing such person or persons as attorney or attorneys-in-fact or agent or agents of the Company may either be personally signed by the President, any Vice President, the Secretary or may be executed by said officers by means of facsimile signatures. The said personal signatures or facsimile signatures shall not require the Company seal or any other seal and shall be valid and binding on the company if executed either by personal signature or facsimile signature and with or without the Company seal being affixed thereto."

I, the undersigned, hereby certify that I am an Executive Vice President of the FEDERATED MUTUAL INSURANCE COMPANY, a Corporation duly organized and existing under the laws of the State of Minnesota and that the foregoing is a true and complete copy of the original Power of Attorney given by said Company to:

| CARY STEPHENSON  | of                         | OWATONNA       | , MINNESO                   | TA           |                       | <u></u>        |
|--|----------------------------|----------------|-----------------------------|--------------|-----------------------|----------------|
| authorizing and empowering such person to so<br>been revoked and is still in full force and effect   | _                          | as therein sea | t forth, whic               | h Power of   | Attorney              | nas neve       |
| I further certify that said Power of At meeting of the Board of Directors of said Comp. Owatonna, Minnesota on the 20th day of April, is a true and correct copy of said resolution, and | pany duly o<br>19 82 at wi | ailed and hel  | d at the office a quorum wa | e of the Co  | mpany in the fact the | te City of     |
| PURSUANT to the By-Laws of Federal of inability of the Secretary to act, his duties a rank.  |                            |                |                             |              |                       |                |
| IN TESTIMONY WHEREOF, I have MUTUAL INSURANCE COMPANY this the   |                            |                | and affixed day of          | i the scal o | f the FEDI            | ERATED<br>2003 |
| · · · · · · · · · · · · · · · · · · ·  | ·                          | •              |                             |              | •                     |                |
|  | F                          | EDERATED       | MUTUAL                      | INSURANC     | CE COMPA              | MY             |

Executive Vice President

(SEAL)