

9.1459

American States Insurance Company Indianapolis, Indiana

KNOW ALL MEN BY THESE PRESENTS, that American States Insurance Company, a Corporation duly organized and existing under the laws of the State of Indiana, and having its principal office in the City of Indianapolis, Indiana, hath made, constituted and appointed, and does by these presents make, constitute <u>Alabama</u> __ and State of _ its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, contracts of indemnity and other conditional or obligatory undertakings. provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed FIVE HUNDRED THOUSAND AND NO/100 (\$500,000.00) DOLLARS ----and to bind the Corporation thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the common seal of the Corporation and duly altested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. This Power of Attorney is executed and may be revoked pursuant to and by authority granted by Section 7.07 of the By-Laws of the American States Insurance Company which reads as follows: "The Chairman, the President or any vice-president (including any Executive Vice President, Senior Vice President, Second Vice President or Assistant Vice President) shall have power, by and with the concurrence with the any other officer of the Corporation, to appoint Attorneys in-Fact as the business of the Corporation may require and to authorize any such person to execute, on behalf of the Corporation, any bonos, recognizances, stipulations and undertakings, whether by way of surety or otherwise " IN WITNESS WHEREOF, American States Insurance Company has caused these presents to be signed by its Vice-President, attested by its day of ____ September Assistant Secretary and its corporate seal to be hereto affixed this ___22nd AD 19 88 AMERICAN STATES INSURANCE COMPANY STATE OF INDIANA
SS COUNTY OF MARION
On this 22nd day of ______ On this 22nd day of ______ September ______, A.D., 19.88 , before me personally came Company; that he knows the seal of said Corporation; that the seal affixed to the said instrument is such corporate seal, that it was so affixed by authority Joseph F. Relm ____ turther said that he is acquainted with ____ Alanson T. Ahel ___ and knows him to be the MY COMMISSION EXPIRES

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Notary Public Assistant Secretary of said Corporation; and that he executed the above instrument. STATE OF INDIANA COUNTY OF MARION ___Alanson T. Abel ____, the Assistant Secretary of AMERICAN STATES INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said AMERICAN STATES INSURANCE COMPANY, which is still This Certificate may be signed and sealed by facsimile under and by the authority of Section 6.03 of the By-Laws of AMERICAN STATES INSURANCE COMPANY which reads as follows: "All policies and other instruments of insurance issued by the Corporation shall be signed on behalf of the Corporation by the Chairman, the President or any vice-president (including any Executive Vice President, Senior Vice President, Vice President, Second Vice President or Assistant Vice President) and the secretary, or an assistant secretary, or other officer, whose signatures, if the instrument is duly countersigned by an authorized representative of the Corporation, may be facsimilies. Such signatures and facsimiles thereof shall be authorized and binding upon the Corporation notwithstanding the fact that any such officer shall have ceased to be such officer at the time such policy or other instrument of insurance shall have been actually issued by the Corporation " In witness whereof, I have hereunto set my hand and affixed the seal of said Corporation, this $\frac{4}{100}$ ASTRUMENT WAS LAD . A.D., 19._____ 89 JAN -5 PM 2: 27