THIS IS NOT A VALID POWER OF ATTORNEY IF THIS STATEMENT DOES NOT APPEAR I THE RED DIAGONAL IMPRINT — AMERICAN STATES INSURANCE — IS NOT PRESENT — BOOK 0.08 PAGE 721 WARNING

constitute and appoint,

GENERAL POWER OF ATTORNEY

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.

J. GARY YARBI	ROUGH HAROLD I.	JUNKINS	OR JOYCE	R. REYNOLDS	
Birmingham	· · · · · · · · · · · · · · · · · · ·	and State of	Alabam	а	
Its true and lawful Attorney(s)-in-Fact, with	h full power and authority	hereby conferre	d in its name, pla	ice and stead, to execute	, acknowledge and O
deliver any and all bonds, recognizances, of that the penal sum of	contracts of indemnity and o	ther conditional	or obligatory under	_{lakings.} <u>provided</u>	<u>l, however, O</u>
FIVE HUNDRED THOUSAND					
and to bind the Corporation thereby as fully an and duly attested by its Secretary, hereby rational may be revoked pursuant to and by authorized Chairman, the President or an or Assistant Vice-President) shall have as the business of the Corporation recognizences, stipulations and under	Id to the same extent as if suc fying and confirming all that t ority granted by Section 7.07 y Vice-President (including a e power, by and with the con- may require and to authori ertakings, whether by way o	th bonds were signed he said Attorney() of the By-Laws of the Executive Victorrence with any zer any such per of surety or other	ned by the President s)-in-Fact may do in the of the American States-President, Senior y other officer of the son to execute, on wise"	I, sealed with the common se the premises. This Power of a les Insurance Company, whi Vice-President, Second Vic Corporation, to appoint Atto behalf of the Corporation,	al of the Corporation Afforney is executed ich reads as follows: ce-President rneys-in-fact any bonds,
IN WITNESS WHEREOF, American 5	States Insurance Company	has caused the	se presents to be 1	signed by its Vice-Preside	ent, attested by its
Assistant Vice-President and its corporate	seal to be hereto affixed the	s	day of	nay	
AD. 19 91	_	AMERICA	AN STATES INSUR	ANCE COMPANY	
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ATTEST:		Ru `	/posel	4 4 Tren	- -
Assistant Vice-Pre	sident		Z Se	cond Vice-President	
j	4 €	, N.	:		A CONTRACTOR OF THE PARTY OF TH
CTATE OF INDIANA		1			الأونية الأونية
STATE OF INDIANA SS	4	1 to 1 to 1			(PROLLY
COUNTY OF MARION	······································	***			
On this it 10th day of	May	5 A		A.D., 19 <u>91 .</u> , before me	e personally came
The second control of	₹ 944			, , , , , , , , , , , , , , , , , , , ,	a personally carrie
Joseph F. He	lm.				o me known, who
States insurance Company, that he know it was so affixed by authority of the Boar Joseph F. Heim Assistant Vice-President of said Corpora	rd of Directors of said Cor further said that he is acq	poration; and thuainted with	iat he signed his i John J.]	name thereto under like a	ows him to be the
	• • • • • • • • • • • • • • • • • • • •		•	A d	
	DER, NOTARY PUBL		ييمنوك	- Strad	<u> </u>
	TY; STATE OF INDIA			Notary Public	PY PU
MY COMMISS	ION EXPIRES: 2/5/9	3		•	(%)
STATE OF INDIANA	~~~				[z{\$60]}°
COUNTY OF MARION	•				()
Mark of Street	•				POINT
the above and foregoing is a true and cords still in force and effect. This Certificate may be signed and	sealed by facsimile under	orney, executed	by said AMERICA	IN STATES INSURANCE	COMPANY, which
INSURANCE COMPANY which reads as "All policies and other instruments of the president or any vice-president (in or Assistant Vice-President) and the set by an authorized representative of the binding upon the Corporation notwith or other instrument of insurance shapes.	insurance issued by the Coluding any Executive Vice ecretary, assistant secretaries Corporation, may be fact that any li have been actually assued	e President, Sen y, or other office similies. Such such officer sh ed by the Corpo	ior Vice-President ir, whose signature signatures and fac all have ceased to oration."	, Vice-President, Second \ is, if the instrument is duly esimiles thereof shall be a	/ice-President, countersigned authorized and
In witness whereof, I have hereunto	set my hand and officed	i ine seal of sai	d Corporation thi	s 3rd day of	September.
In witness whereof, I have hereunto	SMI WALASH	: 01 t : 115	`	7	TO THE LOCAL PROPERTY OF THE PARTY OF THE PA
	THE THOMENT WY	illur:	مطب	1	(3) (DECTIVE)
ļ. : :	91 SEP -6 PM 12	?: 5 6		istant Vice-President	- KANAN ANTARA
			. TELLELIT 00	NTED IN THE MARCH	N NEDEOE W

THIS POWER OF ATTORNEY MUST CONTAIN A VALIDATING STATEMENT PRINTED IN THE MARGIN HEREOF IN RED INK, WITH A RED DIAGONAL IMPRINT — AMERICAN STATES INSURANCE — PRESENT IN ITS ENTIRETY. IF YOU HAVE ANY QUESTIONS REGARDING THE VALIDITY OF THIS POWER OF ATTORNEY, CALL 317-262-6262 OR WRITE US AT P.O. BOX 1636, INDIANAPOLIS, IN 45206-1636.

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