

## BOND OF NOTARY PUBLIC STATE-AT-LARGE

The State of Alaban	na	
Shelby	County	
Know All Men By Ti	hese Presents	
and AMERICAN ST. in the sum of TEN 1	ATES INSURANCE COMPANY, A	AS PRINCIPAL AS SURETY and held and firmly bound unto the State of Alabama 0.00) Dollars, for the payment of which well and truly to be made administrators, and assigns, firmly by these presents.
THE CONDITIO	ON OF THE ABOVE OBLIGATION	N IS SUCH, That whereas, the above bound PRINCIPAL was, on
the	day of	, A.D., 19 appointed Notary Public, State-at-large.
NOW, IF THE She/she continues the	SAID PRINCIPAL shall faithfully perein then the above obligation t	perform and discharge all the duties of said office during the time to be void, otherwise to remain in full force and effect.
		Sealed with our seals and dated this $\frac{10  \mathrm{th}}{\mathrm{A.D.}}$ day of March ,A.D., 19 $\frac{92}{\mathrm{March}}$
of AR	ordered of Record this	AMERICAN STATES INSUPANCE COMPANY BY:
Judge of Probate C	court 1 voscos County	Countersigned by  Alabama Resident Agent
THE STATE OF AL	<b>-</b>	H OF OFFICE
Shelby	County	Probate Court
5 L	Debbie L. Mays	, do
so long as I remain	t I will support the Constitution of a citizen thereof, and that I will h r, to the best of my ability, so hel	f the United States, and the Constitution of the State of Alabama, onestly and faithfully discharge the duties of the office upon which p me God.
Subscribed and day of	d sworn to before me this 11  2 ch 19 9  Notary Public	2 Debbie & Mays Principal
Filed in the office of	of the judge of Probate Court, this	s_6th_day of _april, 19 92_
Recorded in Officia	al Bond Record	, Page

INK AND ENTIRETY

r APPEAR PRESENT

THIS IS NOT A VALID POWER OF ATTORNEY IF THIS STATEMENT THIS INSURANCE INSURANCE INSURANCE

200 ALMIND ANTIME NA 001:03 THE ENERGY PARTAGONAL IMPRINT -

WARNING

## American States Insurance Company

INDIANAPOLIS, INDIANA

nstitute and appoint	<u></u>	- RICKEY ART	HUR GIBB		
		- VICKEI VVI	HOK GIDD		
Mont	Z COROCIZ		. C	Alabama	
true and lawful Attori	rev(s)-in-Fact, with full pov	ver and authority here	State of	ame, place and stead, to exe	cute, acknowledge and
ver any and all honds	recognizances contracts (	of indemnity and other	conditional or obligator	ry undertakings, <u>Provic</u>	<u>lea, nowever, </u>
at the penal	sum of any on	e such instr	ument execute	ed hereunder shal	1 not exceed
O HUNDRED FI	[FTY THOUSAND A	ND NO/100 (\$	250,000,000	DOLLARS	
I duly attested by its Set i may be revoked pursu "The Chairman, the or Assistant Vice-F as the business of recognizances, sti	cretary, hereby ratifying and pant to and by authority gran he President or any Vice-Pre President) shall have power, to the Corporation may requipulations and undertakings	confirming all that the sited by Section 7.07 of the sident (including any files) and with the concurrent and to authorize and the way of such that the concurrent is the concurrent and	ald Attorney(s)-in-ract in he By-Laws of the Amer Executive Vice-Presiden ence with any other offic any such person to exe prety or otherwise"	President, sealed with the commany do in the premises. This Powers of States Insurance Company of the Corporation, to appoin a cute, on behalf of the Corporation.	which reads as follows  d Vice-President  Attorneys-in-fact  ation, any bonds,
			*	ts to be signed by its Vice-P April	resident, attested by its
	and its corporate seal to be	nereto affixed this			
<sub>0. 19</sub> 91	•		AMERICAN STATE	S INSURANCE COMPANY	
	) ·				
	m	n e e	n. Mas	ech 4 7 De	eee.
TEST:	Assistant Vice-President			Second Vice-President	- 18
	r languageric from a languageric				ATTE
ATE OF INDIANA	•			•	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
UNTY OF MARION	Ss		**************************************		Carl Marie
	,	Anvil	•	, A.D., 19_91_, befo	rà ma naraggally com
On this 16th	<u></u> day of	April		, A.D., 19 <u></u> , beio	re me personany cam
	Joseph F. Heim		·		, to me known, wh
ing by me duly sworr	acknowledged the exec	tition of the above ins	strument and did depo	se and say; that he is a Vice	-President of America
ates Insurance Comp was so affixed by aut Joseph F. I	eany; that he knows the second of Direction  Heim  further second of the second of Direction of the second of the	eal of said Corporation ectors of said Corpor aid that he is acquair	ation; and that he signified withJohn	ned his name thereto under	JOH COIPOI ALG SCAIL LINE
sistant Vice-Presiden	nt of said Corporation; and	that he executed th	e above instrument.	1	
WATEL CON COR	D, NOTARY PUBLIC	· · · · · · · · · · · · · · · · · · ·	Know	the Frid	
HNSON COUNT	Y, STATE OF INDIA	NA.	_ Kul	Notary Public	
	N EXPIRES: 12/2/94				A A A A
					(Z(Se
ATE OF INDIANA	\$ 88		•	•	
OUNTY OF MARION	<b>)</b>				ADIA
John J.	Rosich the Ass	sistant Vice-Presiden	of AMERICAN STAT	ES INSURANCE COMPANY	<ul> <li>do hereby certify the NCE COMPANY, which</li> </ul>
_4:#1 :-	<b>_</b>			MERICAN STATES INSURA	
This Certificate ma	ly be signed and sealed b	y facsimile under an	d by the authority of S	Section 8.03 of the By-Laws	of AMERICAN STATE
SURANCE COMPAN  "All policies and oth the president or any	IY which reads as follows ner instruments of insurant vice-president (including a esident) and the secretary, presentative of the Corporation notwithstanding	ice issued by the Corp any Executive Vice-Po assistant secretary, co bration, may be facsing the fact that any su	poration shall be signeresident, Senior Vice-For other officer, whose milies. Such signature sch officer shall have o	ed on behalf of the Corporation President, Vice-President, Session signatures, if the instrument is and facsimiles thereof shadeesed to be such officer at	on by the Chairman, cond Vice-President, s duly countersigned If be authorized and the time such policy
by an authorized re binding upon the Co or other instrument	of insurance shall have t	JAAH TOTATIA 1990AO	-		
by an authorized re binding upon the Co or other instrument	of insurance shall have t	hand and affived th	e seal of said Cornor	ation, this 10th day	of March
by an authorized rebinding upon the Coor other instrument.  In witness whereof	of insurance shall have t	hand and affixed th	e seal of said Corpor	ation, this 10th day	of March
by an authorized re binding upon the Co or other instrument	of insurance shall have t	hand and affixed th	e seal of said Corpor	ration, this 10th day	, ite

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 46206-1636.

Assistant Vice-President

9-1459

(1.91)