Form 1558-2-OFFICIAL BOND-Rev. 2-1-57.	Application to the parameters
001- <b>0120-0</b> 58 <b>18004</b>	
STATE OF ALABAMA	
SHELBY	OW ALL MEN BY THESE PRESENTS:
County )	6.4 6.4 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1
That I NANCY HARRIS	T T E
That I	
andCUMIS INSURANCE SOCIETY,	INC.
	ુ જો છે <sub>જે</sub>
PO BOX 1084 MADISON, WISCONSIN	53701 u as supetius
are held and firmly bound unto the State of Alabama in the p	
TEN THOUSAND AND 00/100	Dollars,
for the payment of which well and truly to be made, we bir	
successors and assigns, jointly and severally.	•
17TH UII	NE 93
Scaled with our scals and dated this 17TH day of Ju	<u></u>
The condition of the above obligation is such that, WHERI	
THE CONDITION OF THE ACCASE CONBUSTON IS SUCH THAN WITHOUT	
NANCY HARRIS	has been duly
NOMADY	፣ ከመጠር ተማ «ቁጥአጥም እጥ ፒአዮሮቹ በN
APPOINTED to the office of NOTARY	PUBLIC STATE AT LARGE ON
NANCY HARRIS	
shall faithfully discharge the duties of such office during the	e time he continues therein, or discharges any of the
duties thereof, then this obligation shall be void, otherwise, t	to remain in full force and effect. FOR A TERM C
FOUR YEARS FROM THE DATE OF NOTARY CO	MMISSION.
The state of the s	
Talun and a manual this	Nancis Harris
Taken and approved this	NANCY HARRIS
day of May . 19 94. }	CUMIS INSURANCE SOCIETY, INC. (1. S.)
	Some the last
Breita 15 Carpenter E	regieer J. Clerger (L. S.)
My Comm. expired 2/1/98	EUGENE J. QUIGLEY ATTORNEY-IN-FA
· ·	
STATE OF ALABAMA	
)	OATH OF OFFICE
SHELBY County	
NANCY HARRIC	
	do solemnly swear that I will support the Constitution
of the United States and the Constitution of the State of A that I will faithfully and honestly discharge the duties of the	
•	to office about willest I am about the area and
of my ability. So help me God.	
· ~ \	
Subscribed and sworn to before me, this 1912	
$\sim$	
day of May	
<b>A</b>	<del>-</del> _
Houte S. Carpenter	Many Dan
My comm. expires 2/1/98	Manay Dan

The state of the s

## CUMIS Insurance Society, Inc. Madison, Wisconsin

KNOW ALL MEN BY THESE PRESENTS, that CUMIS Insurance Society, Inc., a Corporation duly organized under the laws of the State of Wisconsin and having its home office in the City of Madison, in said State, hath made, constituted and appointed, and does by these presents make, constitute and appoint:

Eugene J. Quigley, Individually, Madison, Wisconsin Maureen C. Schwarz, Individually, Madison, Wisconsin

its true and lawful Attorney in Fact, with full power and authority conferred to sign, seal and execute its lawful bonds, policies, recognizances, stipulations, undertakings, contracts of indemnity, or other like instruments and to bind CUMIS Insurance Society, Inc., thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of CUMIS Insurance Society, Inc., and all the acts of said attorney pursuant to the authority hereby given are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the following resolution of the Board of Directors of CUMIS Insurance Society, Inc.:

"PESOLVED, That the President may by written instrument, give a Power of Attorney or appoint Attorneys in Fact authorizing them to execute bonds, policies, recognizances, stipulations, undertakings, contracts of indemnity, or other like instruments on behalf of the Society, and may authorize any officer or any such person with a Power of Attorney or any such Attorney in Fact to affix the corporate seal thereto. Any such instrument executed by any such person with a Power of Attorney or any such Attorney in Fact shall be fully and in all respects binding upon the Society. The President may with or without cause modify or revoke any such appointment or authority."

IN WITNESS WHEREOF, CUMIS Insurance Society, Inc., has caused these presents to be signed by its President and its corporate seal to be thereto affixed this
By: Select M. Juna
Richard M. Heins  President/Chief Executive 10 facer  President Chief Executive 10 facer
COUNTY OF DANE   )ss.
On this
CERTIFICATE

I, an Assistant Secretary of CUMIS Insurance Society, Inc., do hereby certify that I have compared the	aforesaid copy of the Power
of Attorney with the original now on file among the records of CUMIS Insurance Society, Inc., and	that the same is a full, true
and correct copy, and that the Power of Attorney has not been revoked, amended or abridged, and is	now in full force and effect.
and correct copy, and that the Power of Attorney has not been revoked, among or correst, and	wh

and correct copy, and that the Power of Attorney has not been revoked, amended of abridged, and is not a	-th-	
Given under my hand as Assistant Secretary, and the corporate scal, at Madison, Wisconsin, this		_day of
May. 19 93	hou	
- Julion J Al	may-	
Assistant Secretary		