THE STATE OF ALABAMA WHOME County SHELBY

CHILTON

NOTARY PUBLIC OFFICIAL BOND

KNOW ALL MEN BY THESE PRESENTS

| Inat we | UMIS INSURANCE SUCIEIT. INC. AS SUBELL |
|--|--|
| are held and firmly bound unto The State of Alabama in the | · |
| TEN THOUSAND AND 00/100 | |
| for which payment well and truly to be made, we bind our | rselves, our heirs, executors and administrators, jointly |
| and severally, firmly by these presents. | -1 0. |
| Sealed with our seals, and dated this a O day of | |
| THE CONDITION OF THE ABO | |
| That whereas the above bounden JOHN EMBRY MI | <u>LLS</u> |
| was on the day of 70 20 1996 duly | • • • • • • • • • • • • • • • • • • • |
| APPOINTED TO THE OFFICE OF NOTARY PUBLIC STATE | AT LARGE . SHELBY COUNTY . ALABAMA |
| NOW, if the said JOHN EMBRY MILLS | |
| shall faithfully discharge the duties of such office during t | |
| duties thereof, then this obligation to be void, otherwise t | o remain in full force and effect for the term of four |
| (4) years from the date of the notary commission. | |
| SIGNED, SEALED AND DELIVERED In Presence of | JOHN EMBRY MILES Seal |
| | CUMIS INSURANCE SOCIETY. INC. Scal |
| Janue I. Xume | EUGENE U. QUIGLEY, ATTORNET-IN-FACT |
| | Taken and approved the Dodge day of |
| ı I | Judge of Probate |
| | Inst # 1996-05391 |
| OATH OF | O2/20/1996-05391 OFFRED AM CERTIFIED SHELT COUNTY JUDGE OF PROBATE 002 NCD 17,00 |
| JOHN EMBRY MILLS | do solemnly swear (or affirm) that I will support the |
| Constitution of the United States and the Constitution o | f the State of Alabama, so long as I continue a citizen |
| thereof, and that I will faithfully and honestly discharge | the duties of the office upon which I am about to enter, |
| to the best of my ability: So Help me, God. | |
| Subscribed and Sworn to before me, This A day of February A.D., 19 96 | John Embuy Mills |

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

THE POLICIES,

its true and lawful Attorney in Fact, with full power and authority conferred to sign, seal and execute its lawful 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 CUMELInsurance 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 CUMIS Insurance Society, Inc.:

"RESOLVED, That the President may by written instrument, give a Power of Attorney or appoint Atterneys 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 any such Attorney in Fact shall be fully and in all respects binding upon the Society. The President may with or without cause

| or any such Attorney in Fact shall be fully and in all resimodify or revoke any such appointment or authority." | |
|---|---|
| IN WITNESS WHEREOF, CUMIS Insurance its corporate seal to be thereto affixed this | Society, Inc., has caused these presents to be signed by its President and day of |
| | By: Michael B. Kitchen President/Chief Executive Officer |
| of CI IMIS Insurance Society, Inc., that the scal announce | A.D., 19 |
| 4 | CERTIFICATE |

| I, an Assistant Secretary of CUMIS Insurance Society, Inc., do hereby certify that I have compared the of Attorney with the original now on file among the records of CUMIS Insurance Society, Inc., and and correct copy, and that the Power of Attorney has not been revoked, amended or abridged, and is | that the same i | is a full, true the and effect. |
|---|-----------------|------------------------------------|
| and correct copy, and that the rower of renersy and the corporate seal, at Madison, Wisconsin, this | | day of |

Given under my hand as Assistant Secretary, and the corporate seal, at november