

AMERICAN STATES INSURANCE COMPANY INDIANAPOLIS, INDIANA

NOTARY PUBLIC, STATE-AT-LARGE

	EX-945766
THE STATE OF ALABAMA SHELBY Con Know All Men By These Presents THAT WE CYNTHIA A PIKE	unty
Alabama in the sum of TEN THOUSAND and done, we bind ourselves, our heirs, THE CONDITION OF THE ABOVE day of MARCH NOW, IF THE SAID PRINCIPAL sh continues therein then the above obligate Approved and ordered of Record this	INSURANCE COMPANY, AS SURETY are held and firmly bound unto the State of AND NO/100 (\$10,000) Dollars, for the payment of which well and truly to be made executors, administrators, and assigns, firmly by these presents. OBLIGATION IS SUCH, That whereas, the above bound PRINCIPAL was, on the appointed Notary Public, State-at-large. all faithfully perform and discharge all the duties of said office during the time he/she tion to be void, otherwise to remain in full force and effect. Aday of All 1996 ATH day of MARCH AD 1996 Principal
	AMERICAN STATES INSURANCE COMPANY BY ATTORNEY-IN-FACT OATH OF OFFICE
THE STATE OF ALABAMA ** Shelby County	Probate Court

I, Cynthia A. Pike , do solemnly swear that I will support the Constitution of the State of Alabama, so long as I remain a citizen thereof, and that I will honestly and faithfully discharge the duties of the office upon which I am about to enter, to the best of my ability, so help me God. Principal Notary Public Filed in the office of the judge of Probate Court, this ____ County Judge of Probate Court , Page 04/02/1996-10666 Recorded in Official Bond Record D1:32 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE SB819 (1-95)17.00 AMS SOO

AMERICAN

ATTORNEY

VALVE POOM

THIS

A SIGN AMENDE

INK AND ENTIRET

APPEAR IN RED INK PRESENT IN ITS ENT



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 and appoint_ -GEORGE W. THOMPSON, III, FAYE HOUSE OR VALERI DEW------Alabama Montgomery ____ 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 TWO HUNDRED FIFTY THOUSAND AND NO/100 (\$250,000.00) 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 attested 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 N 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 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 bonds, 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 Second Vice-President, attested by its Assistant Vice-President and its corporate seal to be hereto affixed this 29th day of _ <u>November</u> A.D. 19<u>94</u> AMERICAN STATES INSURANCE COMPANY ATTEST: Assistant Vice-President STATE OF INDIANA COUNTY OF MARION November 29th _ , before me personally came On this ___ day of Joseph F. Heim , to me known, who being by me duly sworn, acknowledged the execution of the above instrument and did depose and say; that he is a Second Vice-President of American States Insurance 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 of the Board of Directors of said Corporation; and that he signed his name thereto under like authority. And said John J. Rosich Joseph F. Heim ___further said that he is acquainted with___ and knows him to be the Assistant Vice-President of said Corporation; and that he executed the above instrument. CAROLYN STRADER, NOTARY PUBLIC Notary Public MARION COUNTY, STATE OF INDIANA MY COMMISSION EXPIRES: 2,5/97 STATE OF INDIANA COUNTY OF MARION John J. Rosich 🚜 , the Assistant Vice-President 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 in force and effect." This Certificate may be signed and sealed by facsimile under and by the authority of Section 8.03 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, 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." March In witness whereof, I have hereunto set my hand and affixed the seal of said Corporation, this . A.D., 19_96

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