

9-1476 (8-93)

BOND OF NOTARY PUBLIC STATE-AT-LARGE Inst # 1996-29884

The State of Alabama						
Shelby County	29884					
Know All Men By These Presents	09/10/1996-29884 02:44 PM CERTIFIED 02:44 PM CERTIFIED					
and AMERICAN STATES INSURANCE COMPANY, AS SU in the sum of TEN THOUSAND AND NO/100 (\$10,000.00) I and done, we bind ourselves, our heirs, executors, adminis	RETY are held and firmly bound unto the State of Alabama Dollars, for the payment of which well and truly to be made					
THE CONDITION OF THE ABOVE OBLIGATION IS SI	UCH, That whereas, the above bound PRINCIPAL was, on					
theloday of	_, A.D., 19 <u>96</u> appointed Notary Public, State-at-large.					
NOW, IF THE SAID PRINCIPAL shall faithfully perform he/she continues therein then the above obligation to be votour (4) years from date of commission.	and discharge all the duties of said office during the time old, otherwise to remain in full force and effect for a term of					
Approved and ordered of Record this 10 day of	Scaled with our seals and dated this day of A.D., 19 PRINCIPAL HALL AMERICAN STATES INSURANCE COMPANY BY ATTORNEY-IN-FACT Countersigned by: Alabama Resident Agent					
THE STATE OF ALABAMA	OATH OF OFFICE					
ShelbyCounty	Probate Court					
Susan M. Hall solemnly swear that I will support the Constitution of the Use I ong as I remain a citizen thereof, and that I will honestly I am about to enter, to the best of my ability, so help me	nited States, and the Constitution of the State of Alabama, and faithfully discharge the duties of the office upon which God.					
Subscribed and sworn to before me this 36 day of current to be curre	Susan M. Hall Principal					
Filed in the office of the judge of Probate Court, this	10 day of September Johnnister Vatricia George Februarites					
	Judge of Probate CourtCounty					
Recorded in Official Bond Record	, Page					

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American States Insurance Company

INDIANAPOLIS, INDIANA

constitute and	apponit	D		HARRIS,	DARLE	ENE W.	VIOLETTE	, FAYE	<u> </u>
<u>HEMPSTEA</u>	AD OR CYNTHIA M.	RABREN							
	Montgomery			e of	Alal	oama			
of its true and la	awful Attorney(s)-in-Fact, wit	h full power and au	thority hereby	conferred in	its name,	place and	stead, to execu	te, acknowle	dge
deliver any an	d all bonds, recognizances,	contracts of indemnity	and other cond	itional or obl	igatory und	Iertakinas.	provide	d, howe	vei
that the	e penal sum of a	ny one such	instrume	nt exec	uted l	nereun	der shall	not ex	cee
	LLION AND NO/10								
and duly attest and may be rev "The C or Assi as the	Corporation thereby as fully and by its Secretary, hereby rativoked pursuant to and by authorizing the President or an stant Vice-President) shall have business of the Corporation izances, stipulations and uncontrols.	ifying and confirming a lority granted by Secti y Vice-President (incl re power, by and with t may require and to	all that the said A on 7.07 of the By uding any Exect the concurrence authorize any s	torney(s)-in-F Laws of the tive Vice-Pre with any other uch person to	act may do American S sident, Ser r officer of t o execute,	in the pren States Insur ior Vice-Pr he Corpora	nises. This Power of rance Company, w resident, Second in ation, to appoint At	of Attorney is o which reads as Vice-Presider torneys-in-fac	exec s folk nt ct
_	SS WHEREOF, American St	_				ned by its	Second Vice-Pre	sident, attest	ted b
	-President and its corporate					y	February		
		sear to be nereto an		MERICAN ST		LIDANCE (_
A.D. 19 <u>96</u>			` '	WEINOAN SI	A1C0 1110	OI IAITOE	JOHN ANT		
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	$\mathcal{O}(\mathcal{O})$		_		100		(1)	•	
ATTEST:	Assistant Vice-Pro	eident	_ <u></u>	Y		Second V	ice-President		
	Assistant Vice-I to	33146111.		6					TES
, 	(5)								<u> </u>
STATE OF IN COUNTY OF	NDIANA L SS								ş (0 :
COUNTY OF	MARION.							·	
0- 11-1-	21st day of	Pehr	uary			AD 10	<u>96</u> , before	ma nareana	llu c
On this _	ZIST day of _	TEDI	uar y			, A.D., 18	<u>, 20</u> , Deloie	me persona	ny c
	•	Takanb 17	• 						- • - • -
American Sta	duly sworn, acknowledged ates Insurance Company; th	at he knows the se	e <mark>above instru</mark> e al of said Corp	oration; that	the seal a	ffixed to t	nat he is a Seco he said instrume	ent is such c	side: orpo
	as so affixed by authority of t					_			
Joseph 1	F. Heim e-President of said Corpor	fuither said that he	is acquainted	with <u>JOI</u>	III J. J	KOSICI	and	knows him t	o De
			Accured the ab	J TO 11:50:101111			. //	2	
	HLEEN FORD, NOTAF			15	2180		7	_/	
	ON COUNTY, STATE		-	-/44		Nota	ry Public	· · · · · · · · · · · · · · · · · · ·	
MYC	OMMISSION EXPIRE	3. 12 2 90							(AR)
CONTE OF IN	AND FARIA STATE							\overline{\chi_z}	(Sc
STATE OF IN	SS							<i>[.</i>	(A)
COUNTY OF	MARION S							•	NO
ا .آد	ohn J. Rosich	the Assistant Vice	President of A	MERICAN S	STATES IN	ISURANC	E COMPANY, d	o hereby ce	ertify
the above and	d foregoing is a true and co	rect copy of a Powe	r of Attorney, e	ecuted by s	aid AMER	ICAN STA	TES INSURANC	E COMPAN	Y, w
is still in forc	e and effect.								
MISTERANCE	tificate may be signed and COMPANY which reads a	sealed by facsimile s follows:	under and by	ine aumoniy	O Sectio	11 6.03 01	IN BY-Laws OF	AMENIOAN	317
All polici	ies and other instruments o	f insurance issued b	y the Corporat	on shall be	signed on	behalf of	the Corporation	by the Chair	mar
the presid	lent or any vice-president (ir	icluding any Executi	ve Vice-Preside	ent, Senior V	ice-Presid	ent, Vice-I	President, Secon	d Vice-Presi	iden
Assista	int Vice-President) and the s thorized representative of t	ecretary, assistant s se Corporation, may	ecretary, or oth the facsimilies	er omcer, wit . Such signa	iose signat itures and	iures, ir thi facsimile	s thereof shall b	e authorized	j an
anding u	pon the Corporation notwit	hstanding the fact the	nat any such of	ficer shall he	ave cease	d to be su	ich officer at the	time such p	olic
other i	nstrument of insurance sha	ıll have been actual	ly issued by th	e Corporatio	n.''				
in saltanas	ss whereof, I have hereunt	n ept mu hand and	affived the co-	il of eaid Co	ornoration	this 6t	h day of	Sept.	
III WILLIES	SS WINGIGON, I HIEVE HELEUML	o ook my nand and	WHITE GIRE SE	., 5, 56,6 00	po. 40011				
A.D., 19) <i>/</i>					_			-

Assistant Vice-President

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.

SHELBY COUNTY JUDGE OF PROBATE