

AMERICAN STATES INSURANCE COMPANY INDIANAPOLIS, INDIANA

NOTARY PUBLIC, STATE-AT-LARGE

EX-838122

THE STATE OF ALABAMA SHELBY

County

Know All Men By These Presents

THAT WE DORETTA M KING AS PRINCIPAL and AMERICAN STATES INSURANCE COMPANY, AS SURETY are held and firmly bound unto the State of Alabama in the sum of TEN THOUSAND AND NO/100 (\$10,000) Dollars, for the payment of which well and truly to be made and done, we bind ourselves, our heirs, executors, administrators, and assigns, firmly by these presents. THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the above bound PRINCIPAL was, on the , AD., 1996 appointed Notary Public, State-at-large. 15TH day of SEPTEMBER NOW, IF THE SAID PRINCIPAL shall faithfully perform and discharge all the duties of said office during the time he/she continues therein then the above obligation to be void, otherwise to remain in full force and effect. Approved and ordered of Record this 16th day of Deptember, 1996 County Judge of Probate Court Sealed with our seals and dated this 29TH day of AUGUST **Principal** 16th day of September, 1996 Patricia Geogra Filmister AMERICAN STATES INSURANCE COMPANY OATH OF OFFICE THE STATE OF ALABAMA **Probate Court** County Donetta M. King , 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. Subscribed and sworn to before me this 134h day of September, 1996 **Principal Notary Public**

County

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SB819 (1-95)

Judge of Probate Court

Recorded in Official Bond Record

Filed in the office of the judge of Probate Court, this 16th

09/16/1996-30464 11:30 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE J3N Sna

A parier LINCOLN NATIONAL CORPORATION

American States Insurance Company INDIANAPOLIS, INDIANA

constitute and appoint	T CADY	VARRDONCU	IUACE	D DE	אחו הפ	ΛÞ	DONNA	r .	FEMON		
	J. GAR	IARDROUGH	JUICE	K. KE	INOLDS	UK	DONNA	<u>r.</u>	LEEMUN.		
of Birmin	gham		and	State of		A1	abama				·
its true and lawful Attorn	ey(s)-in-Fact, v	ith full power and	authority here	by confe	red in its	name,	place and	stead	, to execut	e, ackn	owledge and
deliver any and all bonds,	recognizances	, contracts of indemi	nity and other	conditiona	ıl or obligat	ory un	dertakings,		provide	ed. 1	however
that the penal	sum of	any one suc	h instr	ument	execu	ted	hereu	nder	shall	not	exceed
FIVE HUNDRED 1	HOUSAND	AND NO/100	(\$500 <u>,</u> 0	00.00) DOLL	<u> ARS-</u>					
or Assistant Vice-Pr as the business of recognizances, stip	ant to and by au e President or a resident) shall h the Corporational rulations and u	thority granted by Se any Vice-President (in ave power, by and with an may require and the adertakings, whether	ction 7.07 of the cluding any E the concurre to authorize a by way of su	ne By-Law ence with a ny such p rety or oth	s of the Ame lice-Preside iny other off erson to ex erwise"	erican sent,	States Insu nior Vice-P the Corpora on behalf	rance C residen ation, to of the	Company, wint, Second Von appoint Att Corporation	hich rea /ice-Pres orneys-i n, any b	ds as follows: sident in-fact onds,
IN WITNESS WHERE						o be si			id Vice-Pres	sident, a	attested by its
Assistant Vice-President a	nd its corporat	e seal to be hereto a	affixed t his	4 <u>Cn</u>	_ day of		Janı	uary			
A.D. 19 <u>96</u> ,				AMERI	CAN STATI	ES INS	SURANCE	COMPA	ANY	•	
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ATTEST:	ssistant Vice-P	resident		Ву		<u> </u>	Second V	7 ica Did	cident		
	ooioiani vice i	resident ,			Z		OBCOIIG V	100-1-10	Siugir		TES INSU
STATE OF INDIANA	`										2 6
STATE OF INDIANA COUNTY OF MARION	ss		•								13 Carrett
	,		•								130 × 110
On this4th	day of _	Janu	ary				, A.D., 19	96	, before m	ne pers	onally came
		Joseph F.	O iste S								
being by me duly sworn, American States Insurances seal; that it was so affixed Joseph F. Heim Assistant Vice-President	ce Company; by authority of ເ	the execution of hat he knows the state Board of Directors further said that h	the above instead of said Coors of said Coors	orporation; poration; ted with	n; that the and that he John	seal a signe J.	iffixed to the distribution of the distributio	nat he he saic e therel	is a Secon I instrumen to under like	d Vice- nt is suce author	ch corporate
KATHLEEN FOR	D, NOTAR	Y PUBLIC			//		1		/	,	
JOHNSON COUNT				7.	az	W.L.	eca	\rightarrow	10-ca	_	·
MY COMMISSIO	N EXPIRES	: 12/2/98	-	,		-	Notar	y Publi	ic		RYPU
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STATE OF INDIANA	8 S										(*(Deal
COUNTY OF MARION											NOIAN
l, John J 🦸	Rosich.	, the Assistant Vic	e-President	of AMERI	CAN STAT	TES IN	ISURANC	E CON	IPANY, do	hereby	certify that
he above and foregoing is s still in force and effect	s a mue and co	rrect copy of a Pow	er of Attorney	y, e xecute	d by said /	AMERI	ICAN STA	TES IN	SURANCE	COMP	ANY, which
This Certificate may		sealed by facsimi	e under and	by the au	thority of	Section	n 8.03 of t	he By-	Laws of Af	MERIC	AN STATES
NSURANCE COMPANY "All policies and other the president or any vi or Assistant Vice-Presi by an authorized repr binding upon the Corp or other instrument of	which reads rinstruments of the contaction notwing which reads reads and the esentative of the coration notwing series.	as follows: of insurance issued notuding any Execused secretary, assistant the Corporation, mathstanding the fact	by the Corpo itive Vice-Pre secretary, or by be facsimi that any suci	oration sh sident, Se other offic lies. Such h officer s	all be signenior Vice-foren, whose signature that	ed on Preside signat s and	behalf of t ent, Vice-F tures, if the facsimiles	he Cor reside instru there	poration by nt, Second ment is duly of shall be	y the Ci Vice-P y count author	hairman, resident, ersigned ized and
In witness whereof, I	have hereun	to set my hand and	d affixed the	seal of s	aid Corpor	ration,	this	29th	_ day of_/	Ацац	<u>st</u> .
A.D., 19 <u>96</u> .		-		_	- -	,			<u>_</u>	5	ES INSU
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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.

9-1459 (2-92)