

NOTARY BOND

20040830000484250 Pg 1/4 23.00
Shelby Cnty Judge of Probate, AL
08/30/2004 12:53:00 FILED/CERTIFIED

THE STATE OF ALABAMA,

State at large County

KNOW ALL MEN BY THESE PRESENTS:

That we Ashley Nicole Waid, as Principal, and the AUTO-OWNERS INSURANCE COMPANY, a corporation duly licensed to do business in the State of Alabama, as Surety, are held and firmly bound unto the State of Alabama, in the sum of Ten-Thousand Dollars (\$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, and we hereby waive our right to claim personal property exempt under the laws of Alabama.

Sealed with out seals, and dated this 30 day of July 2004

The condition of the above obligation, That whereas the above bound Ashley Nicole Waid was duly appointed to the office of Notary Public on the 30 day of July 2004; for the term of 4 years from the 30 day of July 2004 in Precinct No. _____ in and for said County.

Now, if said Principal shall faithfully perform and discharge all the duties of said office during his continuance therein then the above obligations to be void, otherwise to remain in full force and effect.

Ashley Waid (L.S.)
Principal Ashley Nicole Waid
Principal _____ (L.S.)

Countersigned:

By Lisa M. Miller
Alabama Resident Agent

AUTO OWNERS INSURANCE COMPANY

414 Lorna Square Hoover, AL
Address 35216

By

Jim Ham
Attorney-in-Fact

Taken and approved this 30th day of August, 2004

Patricia Yeager Drhmeister
Approving Officer

THE STATE OF ALABAMA,

Shelby County

OATH OF OFFICE

I Ashley Waid solemnly swear that I will support the Constitution of the United States and the Constitution of 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 20th day of August 2004

[Signature]
Notary Public

Ashley Waid
Principal Ashley Nicole Waid



AUTO-OWNERS INSURANCE COMPANY

LANSING, MICHIGAN
POWER OF ATTORNEY

NO. _____

KNOW ALL MEN BY PRESENTS: That the AUTO OWNERS INSURANCE COMPANY AT LANSING, MICHIGAN, a Michigan Corporation, having its principal office at Lansing, County of Eaton, State of Michigan, pursuant to the following Resolution adopted by the directors of the said Company on January 27, 1971, to wit: "RESOLVED, That the President or any Vice President or Secretary or Assistant Secretary of the Company shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity, and other writings obligatory in the nature thereof, Signatures of officers and seal of Company imprinted on such powers of attorney by facsimile shall have same force and effect as if manually affixed. Said officers may at any time remove and revoke the authority of any such appointee."

does hereby constitute and appoint

Jim House
Lansing, Michigan


its true and lawful attorney(s)-in-fact, to execute, seal and deliver for and on its behalf as surety, and all bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof., provided however, that the penal sum of any one such instrument executed hereunder shall not exceed Ten Thousand and no/100 (\$10,000.00) dollars


and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said AUTO-OWNERS INSURANCE COMPANY AT LANSING, MICHIGAN, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal office.

IN WITNESS WHEREOF, the AUTO-OWNERS INSURANCE COMPANY AT LANSING, MICHIGAN, has caused these presents to be signed and

its corporate seal to be affixed by its authorized officer this _____ 1st _____ day of _____ November _____, 1999 .

Attest


T.J. Buda Jr., Secretary

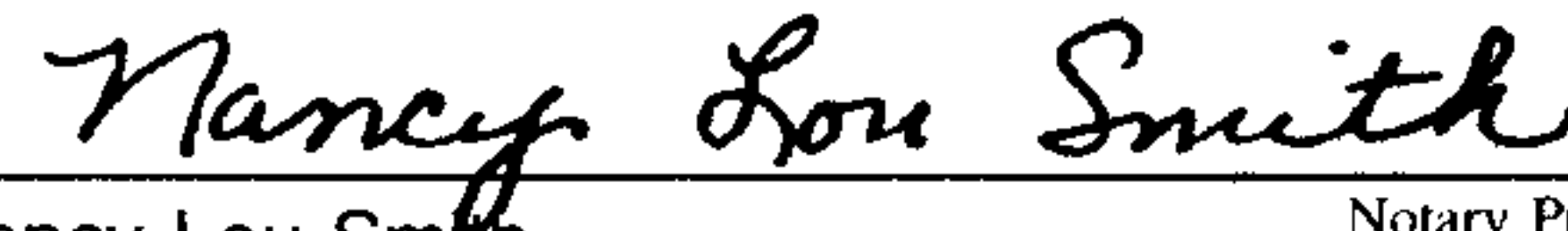

John W. Fisher, President

STATE OF MICHIGAN } ss.
COUNTY OF EATON }

On this _____ 1st _____ day of _____ November _____, 1999, before me a notary public, came the individual, to me personally known, who executed the preceding instrument and being by me duly sworn, said that he is the therein described and authorized officer of the AUTO-OWNERS INSURANCE COMPANY AT LANSING, MICHIGAN: that the seal affixed to said instrument is the corporate seal of said Company, and the said corporate seal and his signature were duly affixed by the authority and direction of said Corporation.

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed my official seal at the City of Lansing, the day and year first above written.

My commission expires _____ January 20 _____, 2003

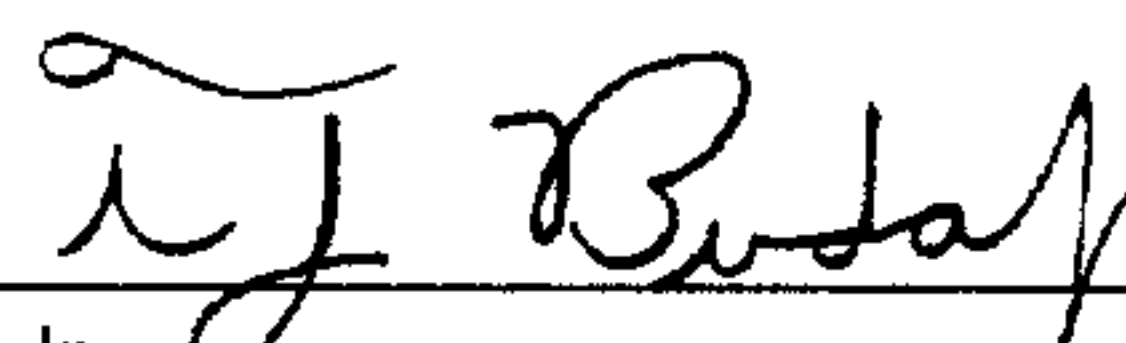

Nancy Lou Smith
Eaton County, Michigan Notary Public

STATE OF MICHIGAN } ss.
COUNTY OF EATON }

I, T. J. Buda, Jr., Secretary of the AUTO OWNERS INSURANCE COMPANY AT LANSING, MICHIGAN, do hereby certify that the foregoing is a true and correct copy of Power of Attorney issued by said Auto-Owners Insurance Company of Lansing, Michigan, and that I have compared same with the ORIGINAL on file in the Home Office of said Company, and that it's a correct transcript thereof, and of the said original, and that the said Power of Attorney has not been revoked and is now in full force and effect.

In WITNESS WHEREOF, I have hereunto subscribed my name as Secretary, and affixed the corporate seal of the Company at the City of Lansing.

Michigan, this _____ 1st _____ day of _____ November _____, 1999 .


T. J. Buda, Jr. Secretary

Official Bond of
Notary Public
AND OATH OF OFFICE

I do hereby approve of the within
BOND OF

as NOTARY PUBLIC
and of the sureties thereon.

County Clerk.

Filed this _____ day of _____

A.D.

County Clerk.



**NOTARY PUBLIC
ERRORS AND OMISSIONS LIABILITY
INSURANCE INDIVIDUAL POLICY**

DECLARATIONS

Agency Name: Anchor Insurance Agency

Agency Code: 170005

Policy Number **007384**

Insured Ashley Nicole Waid

Street 1946 Kent Dairy Road

City & State Alabaster, AL 35007

Date of Issue 7-30-04

Policy Term:	
From 12:01 A.M.	<u>7-30-04</u>
To 12:01 A.M.	<u>7-30-08</u>

Limit of Liability	
<input type="checkbox"/> \$7,500	<input checked="" type="checkbox"/> \$10,000

Countersigned by Lisa Morley
Authorized Agent

INSURING AGREEMENT Auto-Owners Insurance Company (the "Company") will pay all sums the Insured becomes legally obligated to pay because of breach of duty while acting as a duly commissioned and sworn notary public. Claim or suit must be made against the Insured because of a negligent act, error or omission committed or alleged to have been committed by the Insured in the performance of notarial services for others as a duly commissioned and sworn notary public. The error or omission must occur during the policy term and the claim or suit made within four years after the end of the policy period and within the state in which this policy is issued. The Company will defend any claim or suit for damages covered by this policy. The Company will do this at its own expense, using attorneys of its choice. This agreement to defend claims or suits ends when the Company has paid the limit of its liability.

ADDITIONAL INSURED An employer of the Insured is an Insured under this policy, but only with respect to notary services rendered or which should have been rendered on behalf of such employer by the Insured. Coverage does not apply to any negligent act, error or omission brought about by, caused by or contributed to by the employer or any of the employer's partners or employees other than the Insured. This provision shall not increase the Company's Limit of Liability shown in the Declarations.

PERSONS INSURED The word "Insured" means the individual named in the Declarations.

EXCLUSIONS This policy does not apply to:

Any dishonest, fraudulent, criminal or malicious act committed by an Insured or any of an Insured's employer, partners or employees.

LIMIT OF LIABILITY The Company will pay damages for any one occurrence up to the Limit of Liability stated in the Declarations.

In addition to the Limit of Liability stated in the Declarations, the Company will pay:

- A. Costs and expenses the Company incurs in investigating, contesting or settling any claim or suit not to exceed one-half of the Limit of Liability shown in the Declarations.
- B. All interest on the full amount of any judgement that accrues after entry of the judgement and before the Company has paid, offered to pay, or deposited in court the part of the judgement that is within the Limit of Liability stated in the Declarations.

THE INSURED'S CONSENT TO SETTLEMENT The Company will not settle any claim without the Insured's consent. If the Insured refuses to consent to any settlement recommended by the Company, and contests or continues legal proceedings, then the Company's payment for the claim will not exceed the amount of settlement recommended by

the Company plus the Insured's costs and expenses incurred with the Company's consent up to the date of the insured's refusal.

WHAT TO DO IN CASE OF LOSS In the event of claim or suit the Insured must notify the Company or its agency as soon as possible. The notice must give the Insured's name and policy number; the time, place and circumstances of the loss. The Insured must promptly send the Company any legal papers received relating to any claim or suit; and cooperate with the Company and assist the Company in any matter relating to a claim or suit. The Insured will not, except at the Insured's own costs, admit any liability, voluntarily make any payment, assume any obligation or incur any expenses without the Company's written consent.

OTHER INSURANCE If both this and other insurance apply to a loss, the Company will pay only its share. The Company's share will be the ratio of this insurance to the total amount of all insurance which applies. The Company's share shall not exceed the Limit of Liability stated in the Declarations.

CONCEALMENT OR FRAUD This entire policy is void if, whether before, during or after a loss, the Insured has: intentionally concealed or misrepresented any material fact or circumstance; engaged in fraudulent conduct; or made false statements; relating to this insurance.

ASSIGNMENT Interest in this policy may not be transferred without the Company's written consent.

CANCELLATION The Insured may cancel this policy by mailing or delivering to the Company, advance written notice of the date the Insured would like the cancellation to take effect. The Company may cancel this policy by mailing written notice of cancellation to the Insured at the Insured's last address known to the Company at least 30 days prior to the effective date of cancellation. If the law of your state requires any longer notice period or any special form or procedure for giving notice, we will comply with those requirements.

BANKRUPTCY The Company is not relieved of any obligation under this policy because of the bankruptcy or insolvency of the Insured.

SUIT AGAINST THE COMPANY Suit may not be brought against the Company unless there is full compliance with all the terms of this policy and until the obligation of the insured to pay is finally determined either by judgement against an Insured after actual trial or written agreement of the Insured, the claimant and the Company.

CHANGES This policy and the Declarations include all the agreements between the Insured and the Company or its agency relating to this insurance. No change or waiver may be effected in this policy except by endorsement issued by the Company.

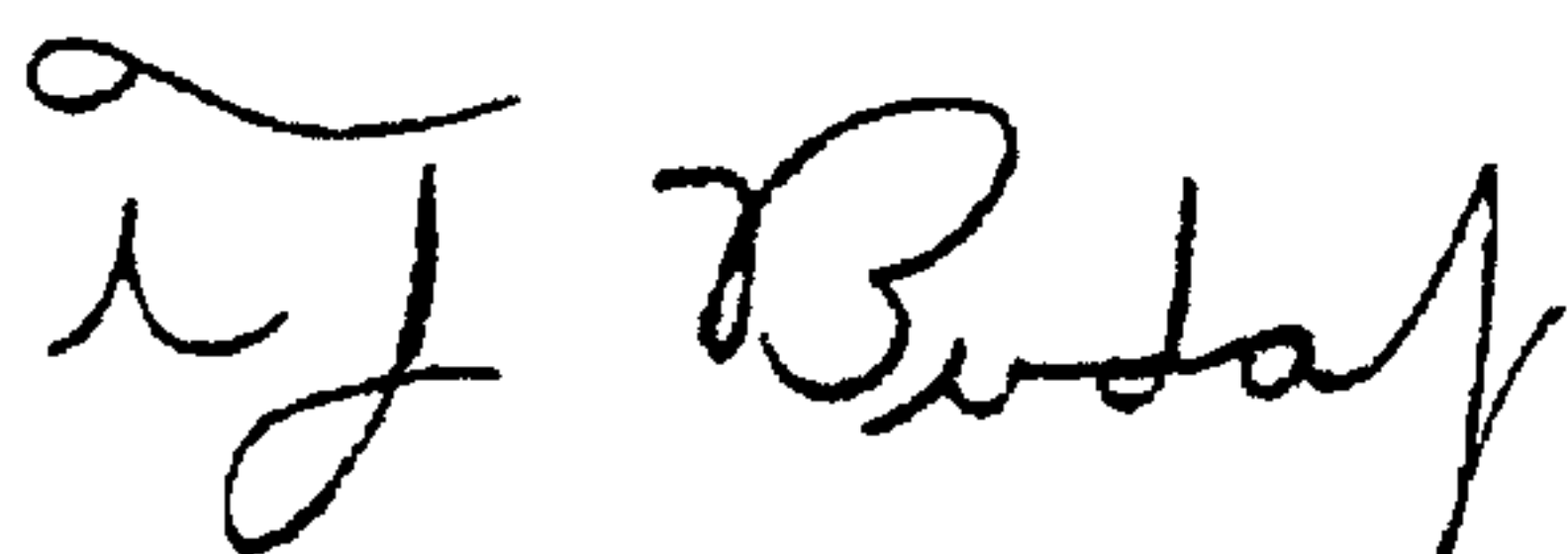
POLICY PERIOD This policy applies only to negligent acts, errors or omissions which happen during the policy period as shown in the Declarations.

NOTICE OF MEMBERSHIP AND ANNUAL MEETING

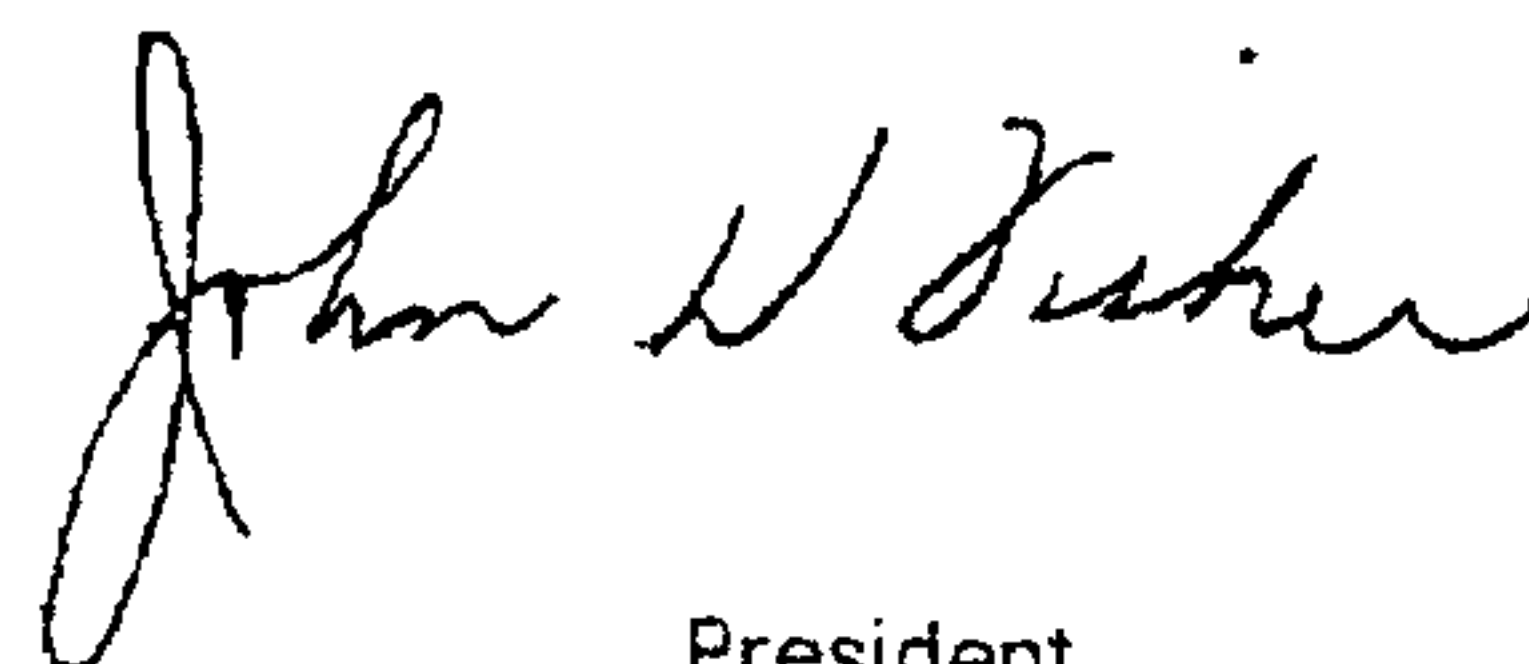
The Insured is notified that by virtue of this policy he or she is a member of the Auto-Owners Insurance Company and is entitled to vote, in person or by proxy, at all meetings of the Company. The annual meetings of the Company are held at its home office at Lansing, Michigan on the second Monday in May in each year at 10:00 A.M.

In witness whereof, the Auto-Owners Insurance Company, has caused this policy to be issued and to be duly signed by our President and Secretary.

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Shelby Cnty Judge of Probate, AL
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Secretary



President