

## NOTARY BOND

THE STATE OF ALABAMA,

SHELBY County

KNOW ALL MEN BY THESE PRESENTS:

That we LAURIE A WALDEN 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 and 00/100 dollars (\$10,000.00), 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.

Scaled with our seals, and dated this 7<sup>th</sup> day of July, 2009.

The condition of the above obligation, That whereas the above bound LAURIE A WALDEN was duly appointed to the office of Notary Public on the 7<sup>th</sup> day of July, 2009; for the term of 4 years from the 7<sup>th</sup> day of July, 2009 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.

Laurie A Walden (L.S.)  
Principal

\_\_\_\_\_  
Principal (L.S.)

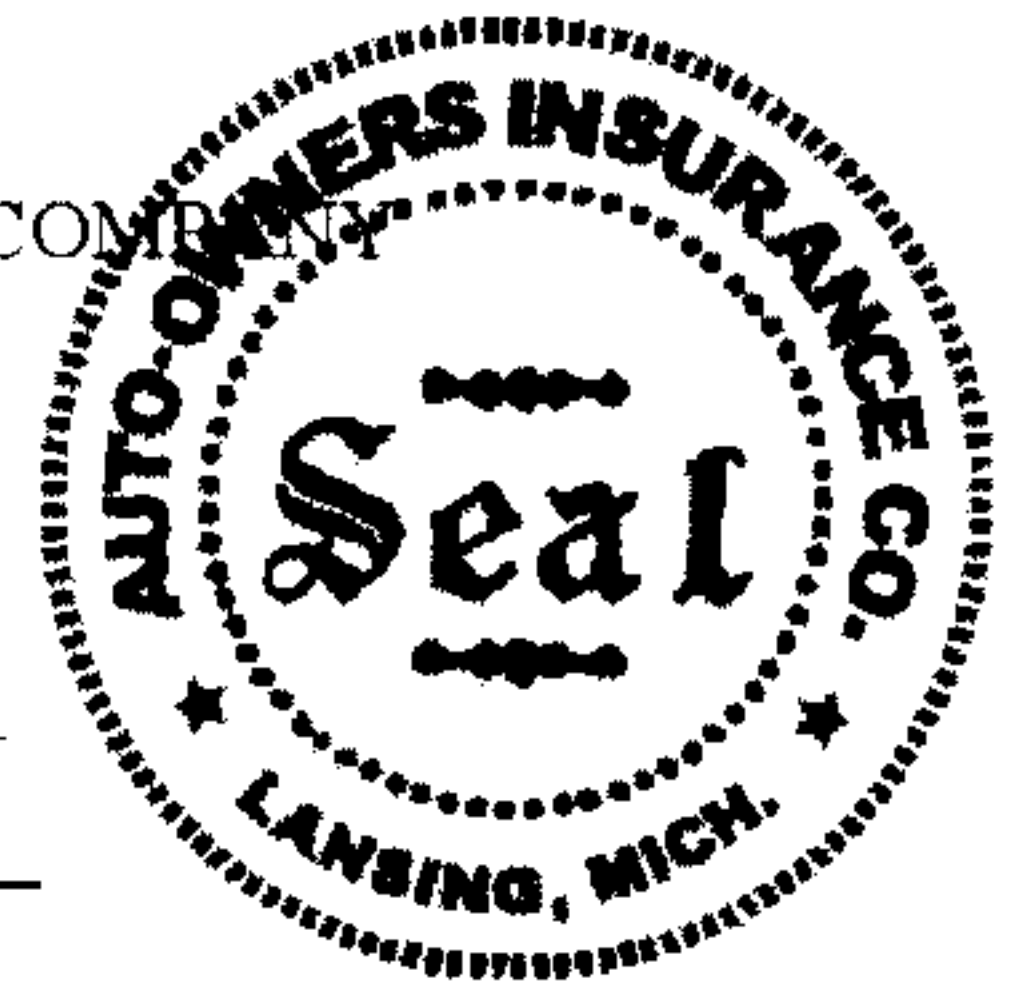
Countersigned:

By REBECCA BRASHER  
Alabama Resident Agent

AUTO-OWNERS INSURANCE COMPANY

113 MAIN ST COLUMBIANA, 35051-0885  
Address

By [Signature]  
Attorney-In-Fact



Taken and approved this 7<sup>th</sup> day of July, 2009.

[Signature]  
Approving Officer

THE STATE OF ALABAMA,

SHELBY County

OATH OF OFFICE

I LAURIE A WALDEN 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 6<sup>th</sup>  
day of July, 2009

Rebecca Brasher  
Notary Public expiration 3-05-13

Laurie A Walden  
Principal



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Shelby Cnty Judge of Probate, AL  
07/07/2009 08:31:20 AM FILED/CERT

DATE AND ATTACH TO ORIGINAL BOND  
AUTO-OWNERS INSURANCE COMPANY

LANSING, MICHIGAN

POWER OF ATTORNEY

NO. 66059488

KNOW ALL MEN BY THESE 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, adopted the following Resolution by the directors of the 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 the 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

its true and lawful attorney(s)-in-fact, to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings recognizances, contracts of indemnity and other writings obligatory in the nature thereof, and the execution of such instrument(s) shall be as binding upon the 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.

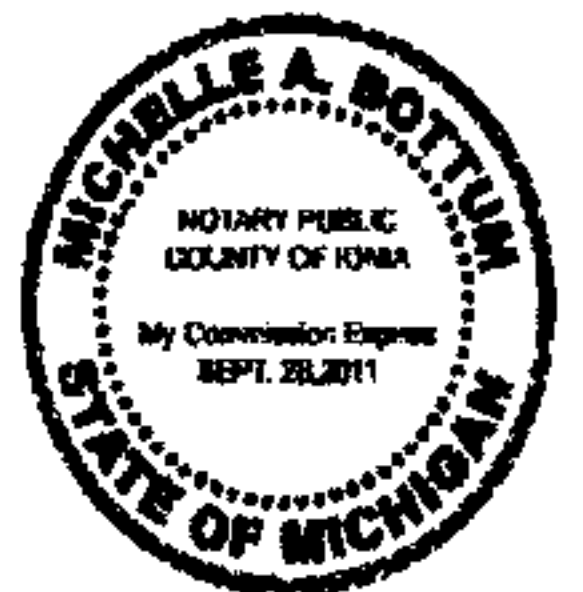
IN WITNESS WHEREOF, the AUTO-OWNERS INSURANCE COMPANY AT LANSING, MICHIGAN, has caused this to be signed by its authorized officer this 3rd day of June, 2009.



Kenneth R. Schroeder Senior Vice President

STATE OF MICHIGAN } ss.  
COUNTY OF EATON }

On this 3rd day of June, 2009, before me personally came Kenneth R. Schroeder, to me known, who being duly sworn, did depose and say that they are Kenneth R. Schroeder, Senior Vice President of AUTO-OWNERS INSURANCE COMPANY, the corporation described in and which executed the above instrument, that they know the seal of said corporation, that the seal affixed to said instrument is such Corporate Seal, and that they received said instrument on behalf of the corporation by authority of their office pursuant to a Resolution of the Board of Directors of said corporation.



My commission expires September 28th, 2011

  
Michelle A. Bottum


Notary Public

STATE OF MICHIGAN } ss.  
COUNTY OF EATON }

I, the undersigned First Vice President, Secretary and General Counsel of AUTO-OWNERS INSURANCE COMPANY, do hereby certify that the authority to issue a power of attorney as outlined in the above board of directors resolution remains in full force and effect as written and has not been revoked and the resolution as set forth are now in force.

Signed and sealed at Lansing, Michigan. Dated this 1st day of July, 2008



  
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S. R. Birn

First Vice President, Secretary and General Counsel

If the words "UNAUTHORIZED COPY" appears on the face of this document, it renders this document null and void.

EXECUTION REPORT

(Detach and return with a copy of original bond.)

NO. 66059488



Agency Name RUX CARTER INSURANCE AGENCY INC

Agency Code 17001500

Name Of Principal LAURIE A WALDEN

Effective Date 07/16/2009

Mailing Address 261 NINE OAKS DR, SHELBY AL 35143

Premium Charge 55.00

Name Of Obligor

Amount of Bond 10,000.00

Address Of Obligor

Type of Bond Public Official

COMPLETE AND ATTACH ALL PAPERS UNDER THIS REPORT THE SAME DAY THE BOND IS SIGNED



**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 judgment 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.

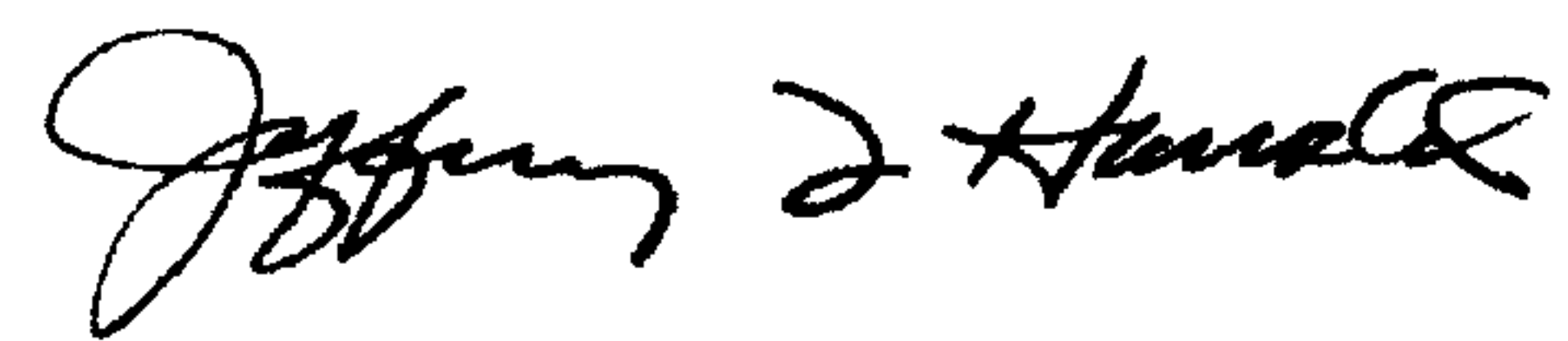
### NOTICE OF MEMBERSHIP AND ANNUAL MEETING

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.



Secretary



President

  
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