

NOTARY BOND

THE STATE OF ALABAMA,

Shelby County

20120406000120070 1/2 \$33.00
 Shelby Cnty Judge of Probate, AL
 04/06/2012 04:01:05 PM FILED/CERT

KNOW ALL MEN BY THESE PRESENTS:

That we TRA HERRON 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 Twenty Five Thousand Dollars (\$25,000), 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 our seals, and dated this 23rd day of March, 2012.

The condition of the above obligation, That whereas the above bound TRA HERRON was duly appointed to the office of Notary Public for the state of Alabama at large on the 4th day of Apr, 2012 for the term of four years from the date of notary commission, 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.

TRA HERRON (L.S.)
 Principal

Countersigned:

By [Signature]
 Alabama Resident Agent

Principal (L.S.)
 Auto-Owners Insurance Company



P.O. Box 947, Alabaster, AL 35007 By Jim House Attorney-In-Fact
 Address

Taken and approved this _____ day of _____

[Signature]
 Approving Officer

THE STATE OF ALABAMA,

Shelby County

OATH OF OFFICE

I, Tra Herron 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 29th day of March, 2012

[Signature]
 Notary Public

TRA HERRON
 Principal

My Commission Expires March 28, 2016



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.

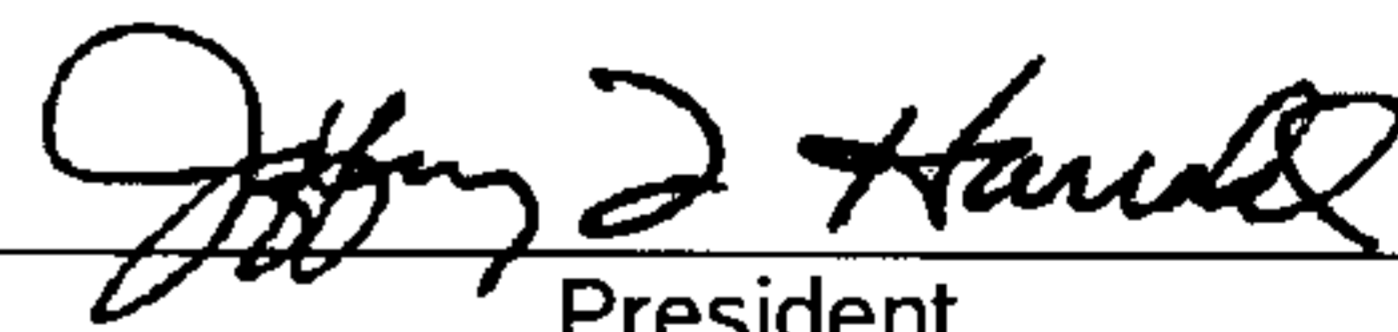
NOTICE OF MEMBERSHIP AND ANNUAL MEETING

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

20120406000120070 2/2 \$33.00
Shelby Cnty Judge of Probate, AL
04/06/2012 04:01:05 PM FILED/CERT