NOTARY PUBLIC, STATE - AT - LARGE

32S401225 THE STATE OF ALABAMA County Shelby Know All Men By These Presents THAT WE RICHARD C. DUELL, III Birmingham, ALABAMA , AS SURETY are held and firmly bound unto the State AS PRINCIPAL and The Ohio Casualty Insurance Company of Alabama in the sum of TWENTY-FIVE THOUSAND AND NO/100 (\$25,000) 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 215^T day of May , A.D. 2013 appointed Notary Public, State-at-large. 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 for term four (4) years from notary commission. Sealed with our seals and dated this 2137 day of May RICHARD C. DUELL. III RICHARD'C. DUELL, III rincipal The Ohio Casualty Insurance Company MICHELLE TUCKER - Attorney-in-Fact Approved and ordered of Record this day of Judge of Probate Court OATH OF OFFICE THE STATE OF ALABAMA Probate Court County RICHARD C. DUELL, III , 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 day of oloman) Notary Public Principal

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

- County

Page

Recorded in Official Bond Record

Judge of Probate Court

SB819 (1-95)

20130521000208430 1/2 \$33.00 Shelby Cnty Judge of Probate, AL 05/21/2013 01:08:34 PM FILED/CERT

LMS-14672 04/02

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

THE OHIO CASUALTY INSURANCE COMPANY KEENE, NEW HAMPSHIRE

		POWER OF ATTORNEY	Y	
		hio Casualty Insurance C	ompany, a New Hamp	shire corporation, does hereby appoint
	HELLE TUCKER * * * * * * * * * *	aguta on babalf of the com-	anny the following sured	v band:
its true and lawiul atto	orney(s)-in-fact, with full authority to exe	ecute on behan of the comp	party the following Sure	
Surety Bond Number:	32S401225			
Principal:	RICHARD C. DUELL, III			20130521000208430 2/2 \$33.00
Bond Amount:	Twenty-five Thousand Dollars And Zero	Cents	".	Shelby Cnty Judge of Probate, AL 05/21/2013 01:08:34 PM FILED/CERT
	DOLLARS (\$25,000.00)		
and to bind The Ohic at its home office.	Casualty Insurance Company there	eby as fully as if such instru	uments had been duly e	executed by its regularly elected officers
That this power is ma	de and executed pursuant to and by au	uthority of the following By-	law and Authorization:	
ARTICLE IV - E	Execution of Contracts: Section 12. Sur	ety Bonds and Undertaking	gs.	
limitations as the Corporation to obligations. Su	ne Chairman or the President may pre- make, execute, seal, acknowledge a ch attorneys-in-fact, subject to the limi	escribe, shall appoint such and deliver as surety any sitations set forth in their re	attorneys-in-fact, as mand all undertakings, be espective powers of attentions.	or the President, and subject to such ay be necessary to act in behalf of the conds, recognizances and other surety orney, shall have full power to bind the esident and attested by the secretary.
By the following instru	ument the chairman or the president ha	is authorized the officer or o	other official named the	rein to appoint attorneys-in-fact:
authorized to a		e necessary to act in beha	If of the Corporation to	Ohio Casualty Insurance Company, is make, execute, seal, acknowledge and
That the By-law and t	he Authorization set forth above are tru	ue copies thereof and are n	ow in full force and effe	1 <u>~</u>
STATE OF WASHING COUNTY OF KING On this 1st da known and acknowle Attorney and affixed to the county of the county	STON ss y of December , edged that he is a Assistant Secretary the corporate seal of The Ohio Casuals	2012 , before me, that he knows the seal of ty Insurance Company the	The Ohio Casua By Gregory W. Dave of said corporation; and ereto with the authority	alty Insurance Company enport, Assistant Secretary ally came Gregory W. Davenport, to me at that he executed the above Power of and at the direction of said corporation.
)	EREOF, I have hereunto subscribed r	my name and affixed my r	notarial seal at Seattle,	Washington, on the day and year first
above written.		WOTARY	KDBilu Bv	1 column 1

CERTIFICATE

I, the undersigned, Assistant Secretary of The Ohio Casualty Insurance Company, do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy, is in full force and effect on the date of this certificate; and I do further certify that the officer or official who executed the said power of attorney is an Assistant Secretary specially authorized by the chairman or the president to appoint attorneys-in-fact as provided in Article IV, Section 12 of the By-laws of The Ohio Casualty Insurance Company.

KD Riley, Notary Public

This certificate and the above power of attorney may be signed by facsimile or mechanically reproduced signatures under and by authority of the following vote of the board of directors of The Ohio Casualty Insurance Company effective the 15th day of February, 2011.

VOTED that the facsimile or mechanically reproduced signature of any assistant secretary of the company, wherever appearing upon a certified copy of any power of attorney issued by the company in connection with surety bonds, shall be valid and binding upon the company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the said company, this			25th	day o
May , 2017 .	SUPLTY INSURANCE CENTS OF THE PORT OF THE	By afair for any		
POAOutoutOC	David M. Carey, Assistant S		ary	