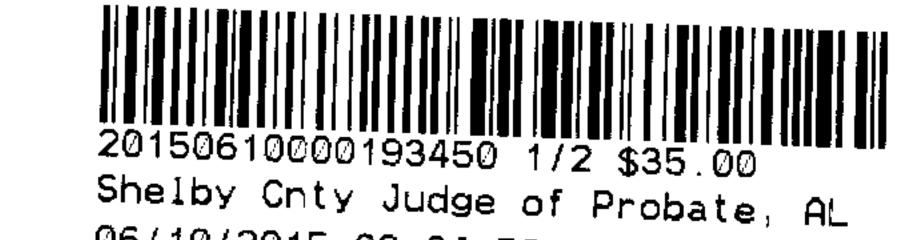


OFFICIAL BOND		
	BOND NO. S432611	
THE STATE OF ALABAMA, Shelby County } Know All M	en By These Presents	
That we Julie Sears Brasher as Pri Surety are held and firmly bound unto the State of Al (\$25,000.00) Dollars, for the payment of which well and executors, administrators and assigns, firmly by these present under the laws of Alabama.	truly to be made and done, we bind ourselves	and No/100 our heirs.
Sealed with our seals, and dated this 1014 day o	11ne 2015	
The condition of the above obligation, That whereas	the above bound	
Julie Sears Brasher	was duly appointed to	the office
of Notary Public on the 10th day of 149 20	; for the term of 4 years from the	day of
	for said County.	
Now, if the said Julie Sears Brasher		
office during his continuance therein then the above obligation	_ shall faithfully perform and discharge all the dut in to be void, otherwise to remain in full force and e	iles of said ffect.
	2 January Sunder	/ (L.S.)
	dulie Sears Brasher	
		_ (L.S.)
	EMPLOYERS MUTUAL CASUALTY COMPANY	_ (L.S.)
Authorized Resident Agent	Melannie R Layne Attorney-in-Fact	(L.S.)
Taken and approved this 10th day of 1100	2015	
	<u> </u>	
	Judge of Probate	5
THE STATE OF ALABAMA,		
Shelby County County	FICE	
I. Julie Sears Brasher solemnly swand the constitution of the State of Alabama, so long as I condischarge the duties of the office upon which I am about to ent	rear that I will support the constitution of the Unitentinue a citizen thereof; and that I will faithfully and er, to the best of my ability. So help me God.	d States, honestly
Subscribed and sworn to before me this 28 day of	- May 2015	
Notary Public	X Julie Sears Brasher	
	87 Bryan Road	

87 Bryan Road Westover, AL 35147

Form 7030E (01-12)



06/10/2015 09:04:50 AM FILED/CERT



P.O. Box 712 • Des Moines, IA 50306-0712

No. A72749

20150610000193450 2/2 \$35.00

Shelby Cnty Judge of Probate, AL

06/10/2015 09:04:50 AM FILED/CERT

CERTIFICATE OF AUTHORITY INDIVIDUAL ATTORNEY-IN-FACT

KNOW ALL MEN BY THESE PRESENTS, that:

- 1. Employers Mutual Casualty Company, an Iowa Corporation
- 2. EMCASCO Insurance Company, an Iowa Corporation

The authority hereby granted shall expire _____

day of

10th

- 3. Union Insurance Company of Providence, an Iowa Corporation
- Illinois EMCASCO Insurance Company, an Iowa Corporation
- 5. Dakota Fire Insurance Company, a North Dakota Corporation
- 6. EMC Property & Casualty Company, an Iowa Corporation
- 7. Hamilton Mutual Insurance Company, an Iowa Corporation

hereinafter referred to severally as "Company" and collectively as "Companies", each does, by these presents, make, constitute and appoint: PATTON BRADFORD, JR, PATSY PARRISH, RONNIE L. JACKSON, MELANNIE R. LAYNE

AUGUST 1, 2016

2014 .

AUTHORITY FOR POWER OF ATTORNEY

This Power-of-Attorney is made and executed pursuant to and by the authority of the following resolution of the Boards of Directors of each of the Companies at a regularly scheduled meeting of each company duly called and held in 1999:

unless sooner revoked.

RESOLVED: The President and Chief Executive Officer, any Vice President, the Treasurer and the Secretary of Employers Mutual Casualty Company shall have power and authority to (1) appoint attorneys-in-fact and authorize them to execute on behalf of each Company and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof; and (2) to remove any such attorney-in-fact at any time and revoke the power and authority given to him or her. Attorneys-in-fact shall have power and authority, subject to the terms and limitations of the power-of-attorney issued to them, to execute and deliver on behalf of the Company, and to attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof, and any such instrument executed by any such attorney-in-fact shall be fully and in all respects binding upon the Company. Certification as to the validity of any power-of-attorney authorized herein made by an officer of Employers Mutual Casualty Company shall be fully and in all respects binding upon this Company. The facsimile or mechanically reproduced signature of such officer, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power-of-attorney of the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS THEREOF, the Companies have caused these presents to be signed for each by their officers as shown, and the Corporate seals to be hereto affixed this

CEO of Company 7

SEAL

FEBRUARY

Bruce G. Kelley, Chairman

of Companies 2, 3, 4, 5 & 6; President

of Company 1; Vice Chairman and

Michael Freel

Assistant Vice President

On this 10th day of FEBRUARY AD 2014 before me a Notary Public in and for the State of Iowa, personally appeared Bruce G. Kelley and Michael Freel, who, being by me duly sworn, did say that they are, and are known to me to be the Chairman, President, Vice Chairman and CEO, and/or Assistant Vice President/Assistant Secretary, respectively, of each of The Companies above; that the seals affixed to this instrument are the seals of said corporations; that said instrument was signed and sealed on behalf of each of the Companies by authority of their respective Boards of Directors; and that the said Bruce G. Kelley and Michael Freel, as such officers, acknowledged the execution of said instrument to be the voluntary act and deed of each of the Companies.

My Commission Expires October 10, 2016.

Notary Public in and for the State of Iowa

CERTIFICATE

I, James D. Clough, Vice President of the Companies, do hereby certify that the foregoing resolution of the Boards of Directors by each of the Companies, and this Power of Attorney issued pursuant thereto on _______ FEBRUARY 10, 2014 _______ on behalf of:

PATTON BRADFORD, JR, PATSY PARRISH, RONNIE L. JACKSON, MELANNIE R. LAYNE

are true and correct and are still in full force and effect.

 420/

Vice President