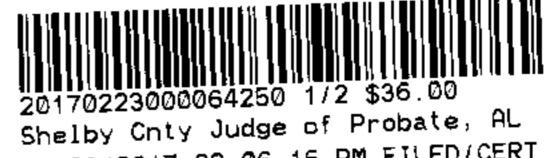
OFFICIAL BOND
BOND NO. <u>\$453339</u>
THE STATE OF ALABAMA, Shelby County County
That we <u>Jerald D. Womochil</u> as Principal & EMPLOYERS MUTUAL CASUALTY COMPANY, as Surety are held and firmly bound unto the State of Alabama, in the sum of Twenty-Five Thousand and No/100 (\$25,000.00) Dollars, for 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 our seals, and dated this 2nd day of February , 2017.
The condition of the above obligation, That whereas the above bound Jerald D. Womochil
was duly appointed to the office of Notary Public on the Braid John Authorized Resident Agent Taken and approved this Draid and of Formula (Agent Agent Agent) was duly appointed to the office of the office of the term of 4 years from the Braid and office during his continuance therein then the above obligation to be void, otherwise to remain in full force and effect. Semployers MUTUAL CASUALTY COMPANY (L.S.)
THE STATE OF ALABAMA, County OATH OF OFFICE 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 day of February 2017 Notary Public
Questions regarding this bond should be directed to the EMC H.O. Bond Department at 515-345-2689.





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

No. B74635

Vice President

CERTIFICATE OF AUTHORITY INDIVIDUAL ATTORNEY-IN-FACT

KNOW ALL MEN BY THESE PRESENTS, that:

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

each Company this _____ day of _

7832 (1-14)

In Testimony Whereof I have subscribed my name and affixed the facsimile seat of

- 1. Employers Mutual Casualty Company, an Iowa Corporation
- 2. EMCASCO Insurance Company, an Iowa Corporation
- 3. Union Insurance Company of Providence, an Iowa Corporation
- 4. 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: DAVID J. POUNDSTONE, TOREY ELMORE, ALLISON DART, DENISE DANIEL, COURTNEY B. MAUCH, WILLIAM MURPHY

_	*************************************		\$1,000,000,00
and to bind each Company thereby as fully and to t			authorized officers of each such Company, and all of
the acts of said attorney pursuant to the authority he		T 7	
The authority hereby granted shall expire	AUGUST 1 2010	unless sooner revoked.	20170223000064250 2/2 \$36.00
			Shalby Caty ludge of Oller to as
	NUTHORITY FOR PO		02/23/2017 02:06:16 PM FILED/CERT
This Power-of-Attorney is made and executed pur regularly scheduled meeting of each company duly		the following resolution of the I	Boards of Directors of each of the Companies at a
and authority to (1) appoint attorneys-in-fact and undertakings, recognizances, contracts of indemnity the power and authority given to him or her. Attorne to execute and deliver on behalf of the Company, other writings obligatory in the nature thereof, and a Certification as to the validity of any power-of-attor binding upon this Company. The facsimile or med certified copy of any power-of-attorney of the Companies have caused and day of NOVEMBER Seals	authorize them to execute on by and other writings obligatory in the sys-in-fact shall have power and a and to attach the seal of the Conny such instrument executed by a ney authorized herein made by a hanically reproduced signature of any, shall be valid and binding upone sed these presents to be signed to be signe	he half of each Company and at the nature thereof; and (2) to remark the nature of the terms and any such attorney-in-fact shall be an officer of Employers Mutual for such officer, whether made how the Company with the same for each by their officers as shown in the Chairman and the company of th	ployers Mutual Casualty Company shall have power ttach the seal of the Company thereto, bonds and love any such attorney-in-fact at any time and revoke d limitations of the power-of-attorney issued to them, ertakings, recognizances, contracts of indemnity and e fully and in all respects binding upon the Company. Casualty Company shall be fully and in all respects eretofore or hereafter, wherever appearing upon a force and effect as though manually affixed. When the Corporate seals to be hereto affixed this Michael Freel Assistant Vice President
SEAL SEAL SEAL SALES OF THE UNITUAL SEAL SAL	Who, being President, Companie that said is of their results of each of My Common My C	blic in and for the State of lowa, per g by me duly sworn, did say that Vice Chairman and CEO, and/or es above, that the seals affixed to instrument was signed and seals spective Boards of Directors; and ers, acknowledged the execution the Companies. hission Expires October 10, 2019	AD 2016 before me a ersonally appeared Bruce G. Kelley and Michael Freel, they are, and are known to me to be the Chairman, Assistant Vice President, respectively, of each of The to this instrument are the seals of said corporations; ed on behalf of each of the Companies by authority d that the said Bruce G. Kelley and Michael Freel, as a of said instrument to be the voluntary act and deed and for the State of Idwa
My Commi	r 10, 2019	Notary Public in	and for the State of lowa

"For verification of the authenticity of the Power of Attorney you may call (515) 345-2689."