

THE STATE OF ALABAMA	32\$595358		
Shelby	County		
Know All Men By These Presents			
THAT WE MYRNA DAWN PICOGNA Birmingham, AL			
AS PRINCIPAL and The Ohio Casualty Insurance Company Alabama in the sum of Twenty-five Thousand Dollars And Zero Cer (\$25,000.00) Dollars, for the payment of which was administrators, and assigns, firmly by these presents.	, AS SURETY are held and firmly bound unto the State or ints vell and truly to be made and done, we bind ourselves, our heirs, executors,		
THE CONDITION OF THE ABOVE OBLIGATION IS SUCH	H, That whereas, the above bound PRINCIPAL was, on the , A.D., 9018 appointed Notary Public, State-at-large.		
NOW, IF THE SAID PRINCIPAL shall faithfully perform therein then the above obligation to be void, otherwise to remain it with our seals and dated this 17th day of October	and discharge all the duties of said office during the time he/she continues in full force and effect for term four (4) years from notary commission. Sealed , A.D., 2018		
Expuri 10/22/2022	MYRNA DAWN PICOGNA MYRNADAWN PICOGNA Principal		
1919 THO HAMPSHIP AND THE AN	The Ohio Casualty Insurance Company BY Lee Allison , Attorney-in-Fact		
Taken and approved of Record this			
Judge of Court Governor	County Shelly		
OA ⁻	TH OF OFFICE		
THE STATE OF ALABAMA			
Shalby County			
I, MYRNA DAWN PICOGNA	, do solemnly swear that		
I will support the Constitution of the State of Alabama, so long as duties of the office upon which I am about to enter, to the best of n	I remain a citizen thereof, and that I will honestly and faithfully discharge the my ability, so help me God.		
Subscribed and sworn to before me this	day of October 3018		
Notary Publi	ic Myna Dawn Magna Principal		
1 Total y r doll	- // Principal		

POWER OF ATTORNEY

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 26th day of September , 2016.

The Ohio Casualty Insurance Company



/ Casuarty Insurance Company

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY

note, loan, letter of credit,

rate

iortgage, interest r

for m

Not valid

On this 26th day of September , 2016, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty Insurance Company and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA

Notarial Seal Teresa Pastella, Notary Public Upper Merion Twp., Montgomery County My Commission Expires March 28, 2021

Member, Pennsylvania Association of Notanes

Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of The Ohio Casualty Insurance Company, which is now in full force and effect reading as follows:

ARTICLE IV – OFFICERS – Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that 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.

I, Renee C. Llewellyn, 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 of the Power of Attorney executed by said Company, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Company this 17th day of October 2018



Renee C. Llewellyn, Assistant Secretary

The Ohio Casualty Insurance Company NOTARY PUBLIC ERRORS AND OMISSIONS POLICY

POLICY NO. E & O 32S595358

	y on behalf of MYRNA DAWN i	PICOGNA
of 2260 Vanessa Drive Birmingham, AL 35242		
(hereinafter called the insured), all sums which the insured while acting as a duly commissioned and sworn Notary Public negligent act, error or omission, committed or alleged to ha notarial service for others in the insured's capacity as a duly	blic, claim for which is made aga ive been committed by the insur	ainst the insured by reason of any ed, arising out of the performance of
POLICY PERIOD: This policy applies only to negligent acounty if claim, suit or other action arising therefrom is common Statute of Limitations pertaining to the insured. The Policy Ras a Notary Public and terminates upon the expiration of the provided in this policy. This policy is not valid for more than	enced during the policy period, a Period commences on the effect e Insured's commission as a No	and is not barred by the applicable tive date of the insured's commission
LIMITS OF LIABILITY: The liability of this company shall amount of Twenty-five Thousand Dollars And Zero Cents	not exceed in the aggregate for	all claims under this insurance the
	and in accordance with the other ating, contesting or settling liabi	r provisions of this policy, this company ility in an amount not to exceed, in the
INSURED'S DUTIES IN THE EVENT OF OCCURRENCE	E, CLAIM, OR SUIT:	
 (a) Upon knowledge of any occurrence which may recontaining particulars sufficient to identify the Insured place and circumstances thereof, and the names and be given by or for the Insured to the Company or any longer than forty-five(45) days after discovery. (b) If claim is made or suit is brought against the Insured demand, notice, summons or other process received. (c) The Insured shall cooperate with the Company and conduct of suits and the Insured shall attend hearings the attendance of witnesses. The Insured shall not, expendigation or incur any expense except with the prior of the containing of the incur any expense except with the prior of the containing the attendance of witnesses. 	asonably be expected to result in and also reasonably obtainable addresses of the potential claim of its authorized agents as soon by him or his representative by him or his representative od, upon the Company's request and trials and assist in securing except at his own cost, voluntarily	e information with respect to the time, mant and of available witnesses, shall in as practicable, but in no event ely forward to the Company every assist in making settlements, in the g and giving evidence and obtaining y make any payment, assume any
EXCLUSIONS: Coverage under this policy does not apply the insured.	y to any dishonest, fraudulent, c	riminal or malicious act or omission of
CO-INSURANCE: If the insured has other insurance again under this policy for a greater proportion of such loss, cost a total limit of liability of all valid and collectible insurance again	and expenses than the limit of lia	the company shall not be liable bility stated in this policy bears to the
CANCELLATION: This policy may be canceled by the Colmay be canceled by the Insured by surrender thereof to the (30) days written notice and this policy shall be deemed can expiration of said thirty (30) days. A pro rata return premium	Company or any of its agents or sceled and the Policy Period tern	r by mailing to the Company thirty ninated upon such return or at the
Dated, signed and sealed this 17th	day of October	, 2018
	The Ohio Casualty In	
Address Claims to:		

Address Claims to: Liberty Mutual Surety 1001 4th Avenue, Suite 3800 Seattle, WA 98154



By Timothy A. Mikolajewski, Assistant Secretary

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