

The Travelers Indemnity Company

Hartford, Connecticut

If necessary, validation of this power of attorney is available at (203) 277-7839. Collect calls will be accepted.

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812329

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That THE TRAVELERS INDEMNITY COMPANY, a corporation of the State of Connecticut, does hereby make, constitute and appoint

George Stroguiludis of Merrillville, Indiana

its true and lawful Attorney(s)-in-Fact, with full power and authority, for and on behalf of the Company as surety, to execute and deliver and affix the seal of the Company thereto, if a seal is required, bonds, undertakings, recognizances, consents of surety or other written obligations in the nature thereof, as follows:

Any and all bonds, undertakings, recognizances, consents of surety or other written obligations in the nature thereof not exceeding in amount Five Hundred Thousand Dollars (\$500,000) in any single instance

and to bind THE TRAVELERS INDEMNITY COMPANY thereby, and all of the acts of said Attorney(s)-in-Fact, pursuant to these presents, are hereby ratified and confirmed.

This appointment is made under and by authority of the following by-laws of the Company which by-laws are now in full force and effect:

ARTICLE IV, SECTION 14. The Chairman of the Board, the President, the Chairman of the Finance Committee, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Corporate Secretary or any Department Secretary may appoint attorneys-in-fact or agents with power and authority, as defined or limited in their respective powers of attorney, for and on behalf of the Company to execute and deliver, and affix the seal of the Company thereto, bonds, undertakings, recognizances, consents of surety or other written obligations in the nature thereof and any of said officers may remove any such attorney-in-fact or agent and revoke the power and authority given to him.

ARTICLE IV, SECTION 16. Any bond, undertaking, recognizance, consent of surety or written obligation in the nature thereof shall be valid and binding upon the Company when signed by the Chairman of the Board, the President, the Chairman of the Finance Committee, any Executive Vice President, any Senior Vice President, any Vice President or any Second Vice President and duly attested and sealed, if a seal is required, by the Corporate Secretary or any Department Secretary or any Assistant Corporate Secretary or any Assistant Department Secretary, or shall be valid and binding upon the Company when duly executed and sealed, if a seal is required, by a duly authorized attorney-in-fact or agent, pursuant to and within the limits of the authority granted by his or her power of attorney.

This power of attorney revokes that dated January 16, 1984 on behalf of George Stroguiludis, Nick Stroguiludis, James Krause

IN WITNESS WHEREOF, THE TRAVELERS INDEMNITY COMPANY has caused these presents to be signed by its proper officer and its corporate seal to be hereunto affixed this 24th day of June 19 85

(SEAL)

THE TRAVELERS INDEMNITY COMPANY

By *D. L. Banta*
Secretary, Surety

State of Connecticut, County of Hartford—ss:

On this 24th day of June personally came D. L. Banta

in the year 1985 before me to me known, who, being

by me duly sworn, did depose and say: that he resides in the State of Connecticut; that he is Secretary (Surety) of THE TRAVELERS INDEMNITY COMPANY, the corporation described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by authority of his office under the by-laws of said corporation, and that he signed his name thereto by like authority.

(SEAL)

Gloria D. Peeters
Notary Public

My commission expires April 1, 1988

STATE OF INDIANA
LANK COUNTY
FILED FOR RECORD
JUL 12 11 AM 1985
RECORDS & CLERK

5-51/E

CERTIFICATION

Saverio J. Longo, Assistant Secretary (Surety) of THE TRAVELERS INDEMNITY COMPANY, certify that the signer of the foregoing power of attorney is duly appointed and fully authorized to execute the same and that said power of attorney is now in full force and effect.

Signed and Sealed at Hartford, Connecticut, this _____ day of _____, 19 _____.

Saverio J. Longo
Assistant Secretary, Surety

GENERAL RECEIPT

The Travelers

No. C 195714

THE TRAVELERS INSURANCE COMPANY • THE TRAVELERS INDEMNITY COMPANY

OFFICE, AGENCY OR SERVICE OFFICE <i>Cincinnati</i>	DATE <i>7/17/85</i>
<input checked="" type="checkbox"/> Received of THE TRAVELERS INSURANCE COMPANY, Hartford, Connecticut:	AMOUNT \$ <i>5.50</i>
<input type="checkbox"/> Received from	AMOUNT \$
FOR <i>filing of POA - Re: Insurance Ser. Agency</i>	

If this receipt represents funds paid to The Travelers, any check, draft or money order for the payment herein stated is subject to final payment in cash. If such check, draft or money order should not be honored when presented for payment in due course of business this receipt shall be null and void.

DEPARTMENT TO BE CHARGED (If receipt is for payment by The Travelers)

465-00-000

SIGNED

W. [Signature]