) }					
Continuation Certificate	 Westfield Insurance Co. Westfield National Insurance Co. ✗ Ohio Farmers Insurance Co. Westfield Group SM Westfield Center, Ohio 44251-5001 				
indicated. Continuation	tion of an agreed premium paya on is subject to the condition that ed the amount of liability shown h	the maximum aggreg	ate liability under the Bon	d and any and all	continuations thereof attorney-in-fact of this
	OBJONIAL SECTOTIVE DATE	BOND AMOUNT	RENEWAL PREMIUM	FROM	NTINUED TO
BOND NO. 5752923	ORIGINAL EFFECTIVE DATE 2/8/05	\$5,000	\$100.00	2/8/06	2/8/07
PRINCIPAL	210103	\$5,000			
Rojas Construction	Inc.				
OBLIGEE		67 II 0		ra Caunty Indias	20
Board of commissioners of County of Lake, State		E Of Indiana & any cities & towns in Lak		DATE EXECUTED	
TYPE OF BOND (DESCRIBE) PUB. OFFICIAL SURETY					
		Merrillville, I	nt ic	1/10/06	
Briggs Agency, Ir	Agency	TOFF	Timothy A. Eniggs		Ottorney-in-Fact
Merrillville, IN		ake County	Recorder!	DI.	0093
BD 5403 (01-2000)					ယ်

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 FEB - 6 PH 12: 245

MICHAEL A BROWN
RECORDER

General Power of Attorney

POWER NO. 1305211 01

Westfield Insurance Co. Westfield National Insurance Co. Ohio Farmers Insurance Co.

CERTIFIED COPY.

Know All Men by These Presents, That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," duly presents make, constitute and appoint TIMOTHY A. BRIGGS, DANNETTE KINNIS, JOINTLY OR SEVERALLY

of MERRILLVILLE and State of IN its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, undertakings, and recognizances; provided, however, that the penal sums of any one such instrument executed hereunder shall not exceed FIVE HUNDRED THOUSAND DOLLARS AND NO CENTS (\$500,000)----

LIMITATION: THIS POWER OF ATTORNEY CANNOT BE USED TO EXECUTE NOTE GUARANTEE, MORTGAGE DEFICIENCY, MORTGAGE

GUARANTEE, OR BANK DEPOSITIONY BONDS.

and to bind any of the Companies thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the applicable Company and dully attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in Seal of the applicable Company and dully attested by authority of the following resolution adopted by the Board of Directors of each of the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the Board of the Company subject to the following provisions:

The Attorney-in-Fact, may be given full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for The Attorney-in-Fact, may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and notices and documents canceling or terminating the Company's Ilability thereunder, and any such instruments canceling or terminating the Company's Ilability thereunder, and any such instruments canceling or terminating the Company's Ilability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed by the President and sealed and attested by the Corporate Secretary.

Be it Further Resolved, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. (Each adopted at a meeting London Presenting Actions of the Company heretofore or hereafter affixed to any seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached.

SEA

State of Ohio County of Medina NATIONAL WOO

WESTFIELD INSURANCE COMPANY
WESTFIELD NATIONAL INSURANCE COMPANY OHIO FARMERS INSURANCE COMPANY

Richard L. Kinnaird, Jr., Senior Executive

On this 19th day of MARCH On this 19th day of MARCH A.D., 2003, before me personally came Richard L. Rinnaird, Jr. to me known, who, being by me dury sworn, did depose and say, that he resides in Medina, Ohio; that he is Senior Executive of WESTFIELD INSURANCE COMPANY, westfield instrument; that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed by order of the Boards of Directors of said Companies; and that he signed his name thereto by like order.

State of Ohio County of Medina

35.:

William J. Kahelin, Attorney at Law, Notary Public My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

I, M. Brooks Rorapaugh, Secretary of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by are in full force and effect; and furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Westfield Center, Ohio, this / O day of



ATIONAL N SEAL



M. Brooks Rorapaugh, Secretary

BPOAC1 (combined) (06-02)

Prescribed by the State Board of Accounts (2005) County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby affirm under the penalties of perjury: unty Recorder!

- 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Signature of Declarant

Printed Name of Declarant