

Continuatio	r
Certificate	

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

Westfield Group SM Westfield Center, Ohio 44251-5001

In consideration of an agreed premium payable in advance, the Bond described below is hereby continued in force for the period indicated. Continuation is subject to the condition that the maximum aggregate liability under the Bond and any and all continuations thereof shall in no event exceed the amount of liability shown herein. This endorsement shall be valid only when executed by an attorney-in-fact of this Company.

BOND NO.	ORIGINAL EFFECTIVE DATE	BOND AMOUNT	RENEWAL PREMIUM	CO FROM	NTINUED TO
5835056	3/6/03	\$5,000.00	\$100.00	3/6/06	3/6/07
PRINCIPAL	370703	φ5,000.00	Ψ100.00	370700	3/0/01
Aurray Pierce dba	Murph's Mobile Home Serv	ice			
DBLIGEE		27 11 2			
Board of Commis	sioners of County of Lake, St OF BOND (DESCRIBE)	ate of Indiana & an	y cities, towns of Lake	County Indiana	
PUB. OFFICIAL	SURETY				
	×	Merrillville, I	N	2/13/06	
Briggs Agency, I Merrillville, IN BD 5403 (01-2000)	Agency This Doc	TOFFI	Timothy A. Briggs e property of Recorder!		Attorney-in-Fact
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#14 cs 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 or 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 sum 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 DEPOSITORY 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 duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY:

"Be it Resolved, that the President, any Senior Executive, any Secretary or any Fidelity & Surety Operations Executive of each of the part of the Company subject to the following provisions:

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 liability thereunder, and any such instruments so executed by any such instruments so executed by any such power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile 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 line Witness Wharaef Westfeld in All Deals (Each adopted at a meeting line Witness Wharaef Westfeld in All Deals (Each adopted at a meeting line Witness Wharaef Westfeld in All Deals (Each adopted at a meeting line Witness Wharaef Westfeld in All Deals (Each adopted at a meeting line Witness Wharaef Westfeld in All Deals (Each adopted at a meeting line Witness Wharaef Westfeld in All Deals (Each adopted at a meeting line witness of the Company and Ohio Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting line witness where the company and Ohio Company with respect to any bond or undertaking to which it is attached." (Each a

seal shall be valid and binding upon the Company with respect to any bond or february 8, 2000).

In Witness Whereof, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY have caused these presents to be signed by their Senior Executive and their corporate seals to be hereto affixed this 19th day of MARCH

A.D., 2003

SEA State of Ohio

County of Medina

WESTFIELD INSURANCE COMPANY
WESTFIELD NATIONAL INSURANCE COMPANY OHIO FARMERS INSURANCE COMPANY

On this 19th day of MARCH

A.D., 2003, before me personally came Richard L. Kinnaird, Jr. to me known, who, being by me duly sworn, did depose and say, that he resides in Medina, Ohio; that he is Senior Executive of WESTFIELD INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, the companies described in Surance Company, WESTFIELD by order of the Boards of Directors of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed Notarial

State of Ohio County of Medina

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 / 3 day of Lebruar



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: my 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