TENNESSEE REGULATORY AUTHORITY

11-00187

TENNESSEE WASTEWATER PUBLIC UTILITY SERVICE PROVIDER'S SURETY BOR

Bond #: 1061968

PRINCIPAL

WHEREAS, Tennessee Wastewater Systems, Inc. ("Principal") is a wastewater public utility and holds a Certificate of Public Convenient and Necessity ("CCN") granted by the Tennessee Regulatory Authority, an agency of the State of Tennessee, for the provision wastewater utility services in Tennessee; and

WHEREAS, under the provisions of Title 65, Chapter 4, Section 201(e) of the Tennessee Code Annotated, as amended, and Tenn. Composed in Appendix and Tennessee Code Annotated, or Tenn. Composed in Appendix and Tennessee Code Annotated, or Tenn. Composed in Appendix and Tennessee Code Annotated, or Tenn. Composed in Appendix and Tennessee Code Annotated, or Tenn. Composed in Appendix and Tennessee Code Annotated, or Tenn. Composed in Appendix and Tennessee Code Annotated, or Tenn. Composed in Appendix and Tennessee Code Annotated, or Tenn. Composed in Appendix and Tennessee Code Annotated, or Tenn. Composed in Appendix and Tennessee Code Annotated, or Tenn. Composed in Appendix and Tennessee Code Annotated, or Tenn. Composed in Appendix and Tennessee Code Annotated, or Tenn. Composed in Appendix and Tennessee Code Annotated, or Tenn. Composed in Appendix and Tennessee Code Annotated, or Tenn. Composed in Appendix and Tennessee Code Annotated, or Tenn. Composed in Appendix and Tennessee Code Annotated, or Tenn. Composed in Appendix and Tennessee Code Annotated, or Tenn. Composed in Appendix and Tennessee Code Annotated, or Tennessee Code Annotated, or

WHEREAS, Lexon Insurance Company ("Surety"), a corporation licensed to do business in the State of Tennessee and duly authorized by the Tennessee Commissioner of Insurance to engage in the surety business in Tennessee pursuant to Title 56, Chapter 2 of the Tennessee Code Annotated, has agreed to issue this bond in order to permit the Principal to comply with the provisions of Title 65, Chapter 4, Section 201 of the Tennessee Code Annotated and Tenn. Comp. R. & Regs. Chapter 1220-4-13;

NOW THEREFORE, BE IT KNOWN, that we the Principal and the Surety are held and firmly bound to the STATE OF TENNESSEE, in accordance with the provisions of Tennessee Code Annotated, Title 65, Chapter 4, Section 201(e) and Tenn. Comp. R. & Regs. Chapter 1220-4-13 in the full amount of one million two hundred forty-eight thousand eight hundred eighty-two dollars (\$1,248,882.00) lawful money of the United States of America to be used for the full and prompt payment of any monetary obligation imposed against the Principal, its representatives, successors or assigns, in any enforcement proceeding brought under Title 65 Chapters 2, 4 and 5 of Tennessee Code Annotated, or Tenn. Comp. R. & Regs. Chapter 1220-4-13, by or on behalf of the TRA, for which obligation we bind ourselves, our representatives, successors and assigns, each jointly and severally, firmly and unequivocally by these presents.

This bond shall become effective on the 1st Day of October 2011 and shall be continuous; provided, however, that each annual renewal period or portion thereof shall constitute a new bond term. Regardless of the number of years this bond may remain in force, the liability of the Surety shall not be cumulative, and the aggregate liability of the Surety for any and all claims, suits or actions under this bond shall not exceed one million two hundred forty-eight thousand eight hundred eighty-two dollars (\$1,248,882.00). The Surety may cancel this bond by giving sixty (60) days advance written notice of such cancellation to the Tennessee Regulatory Authority and the Principal by certified mail, it being understood that the Surety shall not be relieved of liability that may have accrued under this bond prior to the date of cancellation.

SURETY

Tennessee Wastewater Systems, Inc. Lexon Insurance Company Name of Surety Name of Wastewater Public Utility 849 Aviation Parkway 10002 Shelbyville Road, Suite 100 Smyma, TN 37167 Louisville, KY 40223 Address of Principal Address of Surety SIGNATURE OF PRINCIPAL Attorney-In-Fact Tirle: Title: Address of Surety Agent: Smith Manus 2307 River Road, Suite 200 Louisville, KY 40206

THIS BOND IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF SECTION 201, CHAPTER 4, TITLE 65 OF THE TENNESSEE CODE ANNOTATED AND TENN. COMP. R. & REGS. CHAPTER 1220-4-13. SHOULD THERE BE ANY CONFLICT WITH THE TERMS HEREOF AND THE STATUTE OR REGULATIONS PROMULGATED THEREUNDER, THE STATUTE OR REGULATIONS SHALL PREVAIL. (POWER OF ATTORNEY FROM AN APPROVED INSURANCE COMPANY MUST BE ATTACHED.)

ACKNOWLEDGMENT OF PRINCIPAL

STATE OF TENNESSEE			
Before me, a Notary Public of the State are with whom I am personally acquainted and the foregoing bond on behalf of TEMMESSEL WITNESS my hand and seal this	d who, upon oath, ac Sastewater, an	knowledged d he acknow	himself to be the individual who executed edged to me that he executed the same
My Commission Expires:			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
January 19,2015	<u> </u>	Notary F	HARGAOUSIGIE HARGA
ACKNOWLED	GMENT OF SURI	ETY	AND CHILL
STATE OF KENTUCKY COUNTY OF JEFFERSON			· ·
Before me, a Notary Public of the State an with whom I am personally acquae executed the foregoing bond on behalf of Lexon Instable do business in the State of Tennessee and duly authorized to do so, executed the foregoing bond, I with the without the state pursuant to Title 56, Chapter 2 authorized to do so, executed the foregoing bond, I with the without the state pursuant and seal this1st	inted and who, upon burance Company orized by the Tennes of the Tennessee C by signing the name	n oath, ackno , the with ssee Commis ode Annotate of the corpo	wledged himself to be the individual who nin named Surety, a corporation licensed to sioner of Insurance to engage in the surety ed, and that he as such an individual being
My Commission Expires:			
October 27, 2015	<u> L</u>	Notary P	ublic Bonnie J. Wortham
APPROVAL A	ND INDORSEME	NT	
This is to certify that I have examined the foregoing			
sureties on the same are good and worth the penalt Authority, State of Tennessee, this			been filed with the Tennessee Regulatory
	Name: Title:		

POWER OF ATTORNEY

LX-097607

Lexon Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that LEXON INSURANCE COMPANY, a Texas Corporation, with its principal office in sville, Kentucky, does hereby constitute and appoint:

Brook T. Smith, Kathy Hobbs, Raymond M. Hundley, Jason D. Cromwell, James H. Martin, Sandra F. Harper, ****

Myrtie F. Henry, Virginia E. Woolridge, Deborah Neichter, Jill Kemp, Jackie C. Koestel, Sheryon Quinn, Dawson West, Bonnie J. Wortham, Amy Meredith, Lynnette Long

its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of LEXON INSURANCE COMPANY on the 1st day of July, 2003 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed \$2,500,000.00. Two-million five hundred thousand dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Vice President, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, LEXON INSURANCE COMPANY has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 2nd day of July, 2003.

LEXON INSURANCE COMPANY

David E. Campbell President

ACKNOWLEDGEMENT

On this 2nd day of July, 2003, before me, personally came David E. Campbell to me known, who being duly sworn, did depose and say that he is the President of LEXON INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.

> "OFFICIAL SEAL" MAUREEN K. AYE Notary Public, State of Illinois My Commission Expires 09/21/13

INSURANCE COMPANY

CERTIFICATE

I, the undersigned, Secretary of LEXON INSURANCE COMPANY, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at Lombard, Illinois this _______ Day of ______ Day of _______ 20__//_____

Donald D. Buchanan

Maureen K. Aye

TEXAS INSURANCE COMPANY

"WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."





THE DEPARTMENT OF COMMERCE AND INSURANCE DIVISION OF INSURANCE

Whereas, the LEXON INSURANCE COMPANY, a corporation organized under the laws of the State of <u>Texas</u> and located at <u>Houston</u>, <u>Texas</u>, having complied with such of the requirements of the Insurance laws of Tennessee as are applicable to the said corporation in order to enable it to transact business herein; now, therefore, I, the undersigned, The Commissioner of Commerce and Insurance, do hereby license and authorize the said <u>LEXON INSURANCE COMPANY</u> subject to all the requirements and conditions of the laws to transact the business of <u>Property</u>, <u>Casualty</u>, and <u>Surety</u> Insurance in the State of Tennessee, from <u>June 6</u>, <u>2003</u> until suspended or revoked.



In witness whereof, I have hereunto set my hand and caused the seal of my office to be affixed, at City of Nashville, in the State of Tennessee, this 6th day of June, <a href="mailto:A.D. 2003.

The Commissioner of Commerce and Insurance





. IN-0873

Company Search Look-up

NAIC Consumer Information Source (https://eapps.naic.org/cis/)

CLOSE

		С	OMP	ANY DE	MOG	RAF	PHIC	S		CLOSE	
Company Name:	Lexon Insurance Company				FEIN:			76-0128873			
State of Incorporation:	TEXAS		Incorporation Date:		03/16/1984		Issue Date:		12/31/1999		
Company #:	604651		NAIC	#:	13307						
NAIC Group #:			NAIC Name	Group :							
Domicile Type :	Foreign		Comp	any Type:	PROPERTY						
Status:	Active										
Effective Date:	12/31/	1999	_								
Please select	by clicl	king the	e app	ropriate	link	for a	ddit	ional ir	ıforı	nation:	
Company Address Line		of Bu				Name Change Con History			pany Merger History		
LINE OF BUS	SINESS	(LOB))								
Line Name				Line Type				\ E	Effective Date		
06-Property					License				12	12/31/1999	
07-Casualty					License				12	12/31/1999	
09-Surety	Surety					License			12	12/31/1999	
COMPANY N	AME C	HANG	E HIS	STORY							
OLD COMPANY NAME	EFF	CTIVE F	ROM	OM EFFECTIVE TO		C	DOMICILE TYPE		E	COMPANY TYPE	
Underwriters Indemnity Company	12/3	31/1999	9		Foreign			NOT APPLICABLE			
COMPANY MERGE HISTORY											
MERGER COMPANY SURVIVING COMPANY DOMICILE TYPE EFFECTIVE DATE NAME							CTIVE DATE				

No Mergers