CONTRA COSTA COUNTY

SUBDIVISION AGREEMENT (RIGHT-OF-WAY LANDSCAPING) EXTENSION

Development Number: SD08-09246 (R.O.W.L.)

Developer: Shapell Homes, a Division of Shapell Industries, Inc., a Delaware Corporation

Original Agreement Date: August 9, 2011

Third Extension New Termination Date: August 9, 2016

	Im	prov	ement	Secu	rity
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SURETY:

The Continental Insurance Company

BOND No.

929 525 433

Date:

May 17, 2011

Security Type

Security Amount

Cash:

\$_____5,000.00 (1% cash, \$1,000 Min.)

SURETY BOND:

\$_____461,000.00 (Performance)

\$ ______ 233,000.00 (Labor& Material)

The Developer and the Surety desire this Agreement to be extended through the above date; and Contra Costa County and said Surety hereby agree thereto and acknowledge same.

Dated: September 15, 2015	Dated JUNE 25, 2015		
	/ IW/WC		
FOR CONTRA COSTA COUNTY	Developer's Signature(s)		
Julia R. Bueren, Public Works Director	TOPO CAUSHAU		
Ву:	Developer's Signature(s)		
RECOMMENDED FOR APPROVAL:	Printed 6900 Koll Center Parkung Svite 32 Pleasenting CA 94566		
By: Engineering Services Division)	Address THE CONTINENTAL INSURANCE COMPANY		
(NOTE: Developer's, Surety's and Financial Institution's Signatures must be Notarized.)	Surety or Financial Institution 100 MATSONFORD ROAD, SUITE 200, RADNOR, PA 19087		
FORM APPROVED: Victor J. Westman, County Counsel	Address		
After Approval Return to Clerk of the Board	Attorney in Facts Signature JOSEPH M. KOLOK, JR.		
	Printed		

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

Civil Code § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfullness, accuracy or validity of that document.

State of PENNSYLVANIA							
County of CHESTER							
On JUNE 25, 2015 before me,	ARLENE OSTROFF , Notary Public						
personally appeared							
Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.	COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL ARLENE OSTROFF, Notary Public Willistown Twp., Chester County My Commission Expires December 3, 2016						
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.							
Witness my hand and official seal. Signature Notary Public Signature OPTION	Place Notary Public Seal Above						
Though the information below is not required by law, it may prove valuable to the persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.							
Description of Attached Document							
Title or Type of Document							
Document Date	Number of Pages:						
Signer's Name:							
☐ Individual ☐ Corporate Officer — Title(s): ☐ Partner - ☐ Limited ☐ General ☐ Guardian or Conservator ☒ Attorney-in-Fact ☐ Trustee ☐ Other: Signer is representing THE CONTINENTAL INSURANCE COMPANY	☐ Individual ☐ Corporate Officer — Title(s): ☐ Partner - ☐ Limited ☐ General ☐ Guardian or Conservator ☐ Attorney-in-Fact ☐ Trustee ☐ Other: ☐ Signer is representing						

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That The Continental Insurance Company, a Pennsylvania insurance company, is a duly organized and existing insurance company having its principal office in the City of Chicago, and State of Illinois, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

Daniel P Dunigan, Richard J Decker, Joseph W Kolok, Jr, Brian C Block, James L Hahn, William F Simkiss, Individually

of Paoli, PA, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

and to bind them thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the insurance company and all the acts of said Attorney, pursuant to the authority hereby given is hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law and Resolutions, printed on the reverse hereof, duly adopted, as indicated, by the Board of Directors of the insurance company.

In Witness Whereof, The Continental Insurance Company has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 16th day of June, 2015.



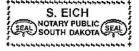
The Continental Insurance Company

Paul T. Bruflat

Vice President

State of South Dakota, County of Minnehaha, ss:

On this 16th day of June, 2015, before me personally came Paul T. Bruflat to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is a Vice President of The Continental Insurance Company, a Pennsylvania insurance company, described in and which executed the above instrument; that he knows the seal of said insurance company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said insurance company and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said insurance company.



My Commission Expires February 12, 2021

S. Eich

Notary Public

CERTIFICATE

I, D. Bult, Assistant Secretary of The Continental Insurance Company, a Pennsylvania insurance company, do hereby certify that the Power of Attorney herein above set forth is still in force, and further certify that the By-Law and Resolution of the Board of Directors of the insurance company printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said insurance company this __25TH_____ day of _JUNE_____, __2015___.



The Continental Insurance Company

D. Bult

Assistant Secretary

Form F6850-4/2012

THE CONTINENTAL INSURANCE COMPANY Radnor, Pennsylvania Statement of Net Admitted Assets and Liabilities

December 31, 2014

ASSETS

	1100810		* * * * * * * * * * * * * * * * * * * *
Bonds		\$	1,349,822,576
Stocks			166,740,793
Cash, cash equivalents, and short-term investment		217,772,322	
Amounts recoverable from reinsurers		136,016,120	
Net deferred tax asset			85,644,520
Premiums and considerations			18,049,028
Other assets			39,337,814
Total Assets		\$	1,995,334,145
1	LIABILITIES AND SURPLUS		
*	TABLETTES ARE GOLD BOOK		
Losses		\$	851,065,352
Loss adjustment expense			35,957,892
Ceded reinsurance premiums payable (net of ceding commissions)			24,580,363
Funds held by company under reinsurance treaties			356,117,935
Provision for reinsurance			76,000,000
Other liabilities			(785,728,501)
Total Liabilities		\$	557,993,041
Surplus Account:			
Capital paid up	\$ 53,566,360		
Gross paid in and contributed surplus	1,423,436,994		
Special Surplus	100,090,172		
Unassigned funds	(139,752,422)		
Surplus as regards policyholders		\$	1,437,341,104
Total Liabilities and Capital		S	1,995,334,145
1 Otal Ligorities and Capital		The same and	

I, Peter Locy, Assistant Vice President of The Continental Insurance Company hereby certify that the above is an accurate representation of the financial statement of the Company dated December 31, 2014, as filed with the various Insurance Departments and is a true and correct statement of the condition of The Continental Insurance Company as of that date.

The Continental Insurance Company

Subscribed and sworn to me this 19th day of March, 2015.

My commission expires:

YOLANDA JIMENEZ OFFICIAL SEAL Notary Public, State of Illinois My Commission Expires September 24, 2017

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of Alameda)

On July 8, 2015 before me, April Crawford, Notary Public-----

(insert name and title of the officer)

personally appeared Robert D. Moore and Todd Callahan, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity(ies), and that by their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

april august

(Seal)

APRIL CRAWFORD

Comm. #2024306 k Notary Public - California M Alameda County 5 Comm. Expires May12, 2017