



NOTE: This is an Appearance Bond and cannot be construed as a guarantee for failure to provide payments, back alimony payments, FINES or Wage Law Claims, nor can it be used as a Bond on Appeal.

Lexington National Insurance Corporation
P.O. Box 6098
Lutherville, MD 21094
(410) 625-0800

INDICTMENT BAIL BOND No. _____
(POWER OF ATTORNEY WITH THIS NUMBER MUST BE ATTACHED.)

SUPERIOR COURT OF THE STATE OF CALIFORNIA FOR THE COUNTY OF _____

THE PEOPLE OF THE STATE OF CALIFORNIA
Plaintiff,

Case No. _____

VS

Defendant

An indictment having been found on the _____ day of _____, 20 _____

In the Superior Court of the County of _____, charging _____

_____ with the crime of _____

a felony, and he having been admitted to bail in the sum of _____

Dollars (\$ _____).

Now the **LEXINGTON NATIONAL INSURANCE CORPORATION, a Maryland Corporation**, hereby undertakes that the above-named will appear and answer any charge in any accusatory pleading based upon the acts supporting the indictment above mentioned, in whatever court it may be prosecuted, and will at all times render himself amenable to the orders and process of the court, and if convicted, will appear for pronouncement of judgement or grant of probation; or, if he fails to perform either of these conditions, that we

will pay to the people of the State of California, the sum of _____

Dollars (\$ _____). If the forfeiture of this bond be ordered by the Court, judgement may be summarily made and entered forthwith against the said **LEXINGTON NATIONAL INSURANCE CORPORATION, a Maryland Corporation**, for the amount of its respective undertaking herein, as provided by Sections 1305 and 1306 of the Penal Code.

THIS BOND IS VOID IF WRITTEN FOR AN AMOUNT GREATER THAN THE POWER OF ATTORNEY ATTACHED HERETO. IF MORE THAN ONE SUCH POWER IS ATTACHED, OR IF WRITTEN AFTER THE EXPIRATION DATE SPECIFIED ON THE ATTACHED POWER OF ATTORNEY.

LEXINGTON NATIONAL INSURANCE CORPORATION

By _____
Attorney-in-Fact

I certify under penalty of perjury that I am a licensed bail Agent of the **LEXINGTON NATIONAL INSURANCE CORPORATION** and that I am executing this bond on _____ (date)

at _____ (location)

(signature of licensed agent)

The Premium Charged for this Bond is Approved this _____ day of _____, 20 _____

\$ _____

Title