

LEXINGTON NATIONAL INSURANCE CORPORATION

P.O. Box 6098
Lutherville, Maryland 21094
Telephone: (410) 625-0800
Fax: (410) 625-0865

(PLACE BAIL AGENT-S ADDRESS STAMP HERE)

FUGITIVE BAIL BOND

NO. _____
(POWER OF ATTORNEY WITH THIS NUMBER MUST BE ATTACHED.)

IN THE SUPERIOR COURT, FOR THE STATE OF CALIFORNIA FOR THE COUNTY OF _____
IN THE _____ JUDICIAL DISTRICT

THE PEOPLE OF THE STATE OF CALIFORNIA,
Plaintiff

Bk# _____
Cs# _____
Div/Dept. _____

VS.

Defendant

An order having been made on the _____ day of _____, 20____, by _____ a Judge of the above named Superior Court that the above-named Defendant be held upon a charge of being a fugitive from justice, in the County of _____, State of _____, from the State of _____ upon a charge of _____ a felony committed in the County of _____, State of _____ upon which he/she has been admitted to bail as such fugitive to appear before the above named Superior Court, on the _____ day of _____, 20____.

Now, the LEXINGTON NATIONAL INSURANCE CORPORATION, a Florida corporation, hereby undertakes that the above-named defendant, will appear and answer to the charge above mentioned, in whatever court it may be prosecuted, and will at all times hold self amenable to the orders and process of the Court and that he/she will surrender to arrest upon the warrant of the Governor of this State, or if the said defendant fails to perform either of the conditions, orders or process of the Court in the action, that we will pay to the People of the State of _____ the sum of _____ Dollars (\$_____) lawful money of the United States in full satisfaction of this undertaking, entered into by us, as the voluntary act of each.

If the forfeiture of this bond be ordered by the court, judgment may be summarily made and entered forthwith against the said LEXINGTON NATIONAL INSURANCE CORPORATION for the amount of its undertaking herein as provided by state and federal laws.

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 AS SPECIFIED ON THE ATTACHED POWER OF ATTORNEY.

LEXINGTON NATIONAL INSURANCE CORP.
a Florida corporation

BY: _____
Attorney-In-Fact

I certify under penalty of perjury that I am a licensed bail agent of the LEXINGTON NATIONAL INSURANCE CORPORATION, a Florida 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 _____, _____ (TITLE)

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.