STATE OF SOUTH CAROLINA)

COUNTY OF GREENVILLE)

S.C.

POWER OF ATTORNEY

COUNTY OF GREENVILLE)

KNOW ALL MEN BY THESE PRESENTS that I, JOHN L. MARTINI, in consideration of the sum of \$1.00 and other valuable consideration, to me in hand paid by G. Mason Powell, the receipt whereof being hereby acknowledged, do hereby appoint and constitute the said G. Mason Powell my true and lawful attorney-in-fact to represent and act for me in my name and stead in connection with all matters involving disability insurance claims and health, medical and hospital insurance claims, and in all matters involving medical and medically-related bills for services rendered or medicines or medical supplies furnished to me at any time by any physicians, hospitals, or other persons, firms or institutions at any time prior to or after the execution of this Power of Attorney; and I hereby authorize my said attorney-in-fact, in my behalf and in my name, to sign all such claim forms and all authorizations necessary or proper to authorize and permit physicians, hospitals and any other persons or firms to furnish to any and all insurance companies medical reports and information of any kind and nature relating to me, and I further authorize my said attorneyin-fact to direct payment of insurance benefits to be made to me or to any physicians, nurses, hospitals, or other persons, firms or institutions furnishing medical or medically-related services or medicines or medical supplies or any kind and nature to me.

Further, I authorize my attorney-in-fact to perform all acts appropriate or incident to the execution of the aforesaid powers and authorization on my behalf and in my name for the purposes herein stated with the same validity and effect, and as fully as they could be effected or done by me if I were personally present.

The powers herein conferred may be exercised by my said attorney-in-fact alone.

This Power of Attorney shall not be affected by physical disability or mental incompetence of the principal, which renders

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