SAMPLE ONLY

PLEASE USE THIS FORMAT WHEN COMPLETING THE ORIGINAL IRREVOCABLE STOCK OR BOND POWER FORM ATTACHED

The undersigned	d does hereby assign to t	ne State of N	levada, Departmen	t of Business and	Industry, Dr	vision of Ins	urance , the
following secur	rity, Description of	of Security,	CUSIP Number,	Interest Rate,	Maturity 1	Date an	d Amount
_or the benefit	and protection of all pol	icyholders of	Name of the	Company			
a company dom	iciled in the State of Nev	ada; pursuant	t to NRS 680A.140 I	Required deposit. 7	The security is	being held ir	n trust at the
Name and Add	dress of Depository (i.e.	Bank of Nev	v York - 1 Wall Stre	et, 14 th Floor - Nev	w York, NY 1	0286). This o	document is
irrevocable and	shall continue in full for	ce and effect	until surrendered to	Name of D	epository		
with the release	of the Division of Insur	ance endorse	d hereon; provided, l	nowever, that the D	ivision of Ins	urance, in its	s discretion,
may present this	s power at any time to _	Name of l	Depository	and upon deliv	ery of said se	curities by _	Name of
Depository	to the Division	of Insurance	e, or to the designee	of the Division of l	Insurance, _	Name of	Depository
_shall have no	further liability with res	pect to said se	ecurities.				
Co. name					NAIC #		_
Co. street addre	ess						
City, state, zip _							
Authorized Signature:				Date:			_
Title:				Telephone no.:			
	D		OF INSURANC				
		(For I	Division Use ON	NLY)			
Pursuant to the	authority vested in me tl	ne securities d	described above are	released from the to	erms and cond	litions of this	power and
			may surrender,	deliver or otherwise	e dispose of sai	d securities in	ı any manner
so ordered by							
For the State of	Nevada, Division of Ins	urance:					
Title:	Commissioner			Date:			





DEPARTMENT OF BUSINESS AND INDUSTRY

DIVISION OF INSURANCE

1818 East College Pkwy., Suite 103 Carson City, Nevada 89706

(775) 687-0700 • Fax (775) 687-0797

Website: https://doi.nv.gov Email: finances@doi.state.nv.us

IRREVOCABLE STOCK OR BOND POWER FOR DOMESTIC INSURERS

The undersigned does hereby assign to the State of Nevad	a, Department of Business and Industry, Division of Insurance, the
following security,	
for the benefit and protection of all policy	holders of
, a company domiciled in the State of Nevada	a; pursuant to NRS 680A.140 Required deposit. The security is being held
in trust at the	This
	nd effect until surrendered to
	lorsed hereon; provided, however, that the Division of Insurance , in its
	and upon delivery of said securities by
	of Insurance, or to the designee of the Division of Insurance,
shall have no fu	
Sidii Mile no re	and hashey was respect to said securities.
Co. name	NAIC #
City, state, zip	
Authorized Signature:	Date:
Title:	
Email:	
DIVISION OF I	INSURANCE RELEASE
(For Div	rision Use ONLY)
Pursuant to the authority vested in me the securities describ	bed above are released from the terms and conditions of this power and
·	may surrender, deliver or otherwise dispose of said securities in any
manner so ordered by	
For the State of Nevada, Division of Insurance:	
Title: Commissioner of Insurance	Date:

THIS NOTARY ACKNOWLEDGMENT MUST BE ATTACHED TO EACH IRREVOCABLE STOCK OR BOND POWER

Name of Company	NAIC #
tate of	,
County of	
	personally appeared before me, DATE
	Company authorized signature who acknowledged that he executed the above instrument.
	Please print name of the above individual.
	oF, I have hereunto set my hand and affixed my official county of
	ertificate first above written.
Sig	gnature of Notary