SAMPLE ONLY

PLEASE USE THIS FORMAT WHEN COMPLETING THE ORIGINAL IRREVOCABLE STOCK OR BOND POWER RE: WORKERS' COMPENSATION FORM ATTACHED

The undersigned does h	nereby assign to the	State of Neva	da, Department of	Business and Inc	dustry, Division o	f Insur	rance, the
following security,	Description of	f Security,	CUSIP Number,	Interest Rate,	Maturity Date	and	Amount
for the sole benefit and	protection of the po	olicyholders of	Name of the	Company			in
the State of Nevada; pu	rsuant to Bulletin 98	8-001 II.3., NI	RS 682B.015 and NA	C 682B.010 to 68	32B.030. The secu	rity is b	eing held
in trust at the Name	and Address of De	pository (ie.	Bank of New York	- 1 Wall Street, 14	th Floor - New Yo	ork, NY	10286).
This document is irrev	vocable and shall c	ontinue in ful	l force and effect ur	ntil surrendered to	Nam	ne of D	epository
with the release of the l	Division of Insura	ice endorsed h	ereon; provided, how	ever, that the Divi	sion of Insurance	, in its c	discretion,
may present this power	at any time to N	ame of Depos	itory	and upon del	ivery of said securi	ties by	Name
of Depository	to	the Division o	of Insurance, or to the	ne designee of the	Division of Insur	ance, _	Name of
Depository		sha	all have no further lia	bility with respect	to said securities.		
Co. street address City, state, zip Authorized Signature: Title:	(i.e. Company	officer)		Date:			
	DIV		F INSURANCE Division Use ONI				
		(FOI D	ivision USE OIV	11)			
Pursuant to the authorit	ty vested in me the	securities desc	cribed above are rele	ased from the tern	ns and conditions of	of this p	ower and
			may surrende	r, deliver or other	wise dispose of said	d securi	ties in any
manner so ordered by _							
For the State of Nevada	a, Division of Insura	ince:					
Title:	Commissioner_			Date:			

SCOTT J. KIPPER Commissioner



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 E-mail: finances@doi.nv.gov

IRREVOCABLE STOCK OR BOND POWER RE: WORKERS' COMPENSATION

The undersigned does hereby assign to the State of Nevada, Departm	nent of Business and Industry, Division of Insurance, the
following security,	for the sole
benefit and protection of the Workers' Compensation policyholders of_	
in the State of Nevada; pursuant to Bulletin 98-001 II.3, NRS 682B.015 a	and NAC 682B.010 to 682B.030. The security is being held in
trust at the	·
This document is irrevocable and shall continue in full force and effective	
with the release of the Division of Insurance endorsed hereon; provide	ed, however, that the Division of Insurance , in its discretion
may present this power at any time to	and upon delivery of said securities by
to the Division of Insurance	ce, or to the designee of the Division of Insurance,
shall have no further liability with res	
Co name	_
Co. street address	
City, state, zip	
Authorized Signature:	Date:
Authorized Signature	Telephone no:
DIVISION OF INSURA	NCE RELEASE
(For Division Use	e ONLY)
Pursuant to the authority vested in me the securities described above are	released from the terms and conditions of this power and
may surre	ender, 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 RE: WORKERS' COMPENSATION

ame of Company	NAIC #
ate of	,
ounty of	
OnDATE	personally appeared before me,
	Company authorized signature who acknowledged that he executed the above instrument.
Pleas	se print name of the above individual.
IN WITNESS WHEREOF, I have h	nereunto set my hand and affixed my official
stamp at my office in the county of	
the day and year in this certificate fi	irst above written.
Signature of I	 Notary