SAMPLE ONLY

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

| The undersigned does | nereby assign to | ne state of r | vevaua, Departinei | it of Dusilless allu | muusiry, Div | 181011 01 1118 | surance, me |
|---|--------------------------|----------------|-----------------------|---------------------------------------|--------------------|----------------------|----------------|
| following security, | Description of | of Security, | CUSIP Number, | Interest Rate, | Maturity D | Date ar | nd Amount |
| _or the benefit and pr | otection of all pol | icyholders of | Name of the | e Company | | | |
| a company domiciled i | in the State of Nev | ada; pursuan | t to NRS 680A.140 | Required deposit. | The security is | being held i | n trust at the |
| Name and Address of | f Depository (i.e. | Bank of Nev | w York - 1 Wall Str | eet, 14 th Floor - Ne | w York, NY 10 | 0286). This | document is |
| irrevocable and shall o | continue in full for | ce and effect | until surrendered to | Name of I | Depository | | |
| with the release of the | Division of Insur | ance endorse | ed hereon; provided, | however, that the $oldsymbol{\Gamma}$ | Division of Insu | ırance, in it | s discretion, |
| may present this power | er at any time to _ | Name of | Depository | and upon deli | very of said sec | curities by _ | Name of |
| Depository | _ to the Division | of Insurance | e, or to the designee | of the Division of | Insurance, _ | Name of | Depository |
| shall have no further | r liability with res | pect to said s | ecurities. | | | | |
| Co. name | | | | NAIC # | | | |
| Co. street address | | | | | | | |
| City, state, zip | | | | | | | |
| Authorized Signature: (ie. Company Officer) | | | | Date: | | | |
| Title: | | | | Telephone no.: | | | |
| | D | | OF INSURANC | | | | |
| | | (For | Division Use O | NLY) | | | |
| Pursuant to the author | rity vested in me t | ne securities | described above are | released from the | terms and cond | itions of thi | s power and |
| | | | may surrender | , deliver or otherwis | se dispose of said | d securities i | n any manner |
| so ordered by | | | | | | | |
| For the State of Nevad | la, Division of Ins | urance: | | | | | |
| Title: | Commissioner | | | Date: | | | |

BRUCE H. BRESLOW Director





DIVISION OF INSURANCE

1818 East College Pkwy., Suite 103
Carson City, Nevada 89706
(775) 687-0700 • Fax (775) 687-0787
Website: doi.nv.gov

E-mail: insinfo@doi.state.nv.us

IRREVOCABLE STOCK OR BOND POWER

| The undersigned does hereby assign to the $\bf State$ of $\bf Nevada, \bf D$ | epartment of Business and Industry, Division of Insurance, the |
|--|--|
| following security, | |
| for the benefit and protection of all policyhold | ers of |
| , a company domiciled in the State of Nevada; pu | ursuant to NRS 680A.140 Required deposit. The security is being held |
| in trust at the | This |
| document is irrevocable and shall continue in full force and en | ffect until surrendered to |
| with the release of the Division of Insurance endorse | ed hereon; provided, 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 I | Insurance, or to the designee of the Division of Insurance, |
| shall have no furthe | r liability with respect to said securities. |
| | |
| | NAIC # |
| Co. street address | |
| City, state, zip | |
| Authorized Signature: | Date: |
| Title: | |
| DIVISION OF INC | SURANCE RELEASE |
| | on Use ONLY) |
| Pursuant to the authority vested in me the securities described a | 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

| ne of Company | NAIC # |
|-----------------------------------|--|
| e of | , |
| nty of | |
| OnDAT | personally appeared before me, |
| | Company authorized signature who acknowledged that he executed the above instrument. |
| | Please print name of the above individual. |
| | have hereunto set my hand and affixed my official nty of |
| the day and year in this certific | cate first above written. |
| Signatu | are of Notary |