SAMPLE ONLY

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

The undersigned does hereby assign to	the State of Nev	ada, Department of	Business and Ind	lustry, Division o	f Insura	ance, the
following security, Description	on of Security,	CUSIP Number,	Interest Rate,	Maturity Date	and	Amount
for the sole benefit and protection of th	e policyholders o	f Name of the	Company			in
the State of Nevada; pursuant to Bulleti	in 98-001 II.3., N	RS 682B.015 and NA	C 682B.010 to 68	2B.030. The secu	rity is b	eing held
in trust at the <u>Name and Address or</u>	f Depository (ie	. Bank of New York	- 1 Wall Street, 14	th Floor - New Yo	ork, NY	10286).
This document is irrevocable and sha	all continue in fu	ll force and effect un	ntil surrendered to	Nam	e of De	epository
with the release of the Division of Insurance endorsed hereon; provided, however, that the Division of Insurance , in its discretion,						
may present this power at any time to	Name of Depos	sitory	and upon deli	very of said securi	ties by	Name
of Depository	to the Division	of Insurance, or to th	ne designee of the	Division of Insur	ance, _	Name of
Depository	sh	all have no further lia	bility with respect	to said securities.		
Co. name				NAIC #		
Co. street address						
City, state, zip						

Authorized Signature: _	(i.e. Company officer)	Date:
Title:		Telephone no:

DIVISION OF INSURANCE RELEASE (For Division Use ONLY)

Pursuant to the authority vested in me the securities described 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:	

 Commissioner
 Date:

NDOI-416, 3/1/2016, (1/3)

STATE OF NEVADA

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 d	does hereby assign to the State of Nevada, Dep	partment of Business and Industry, Division of Ir	nsurance, the
following security,	· •		_ for the sole
benefit and protect	tion of the Workers' Compensation policyholders	s of	
in the State of Neva	vada; pursuant to Bulletin 98-001 II.3, NRS 682B.	.015 and NAC 682B.010 to 682B.030. The security i	s being held in
trust at the			
This document is i	irrevocable and shall continue in full force and	effect until surrendered to	
with the release of	f the Division of Insurance endorsed hereon; pro-	ovided, however, that the Division of Insurance, in	its discretion
may present thi	nis power at any time to	and upon delivery of said	securities by
	to the Division of Insu	urance, or to the designee of the Division	of Insurance,
	shall have no further liability wit	h respect to said securities.	
Co name		NAIC #	
Co. street address			
City, state, zip			
Authorized Sign	nature:	Date:	
	gnature		
	(For Division	u Use ONLY)	
Pursuant to the aut	thority vested in me the securities described above	e are released from the terms and conditions of this p	ower and
	may	surrender, deliver or otherwise dispose of said sea	curities in any
manner so ordered	d by		
For the State of Ne	evada, Division of Insurance:		
Title:	Commissioner of Insurance	Date:	

THIS NOTARY ACKNOWLEDGMENT MUST BE ATTACHED TO EACH IRREVOCABLE STOCK OR BOND POWER RE: WORKERS' COMPENSATION

Name of Company		NAIC #
State of	,	
County of		
On		personally appeared before me,
	DATE	
	1 1	horized signature who acknowledged that he executed the above instrument.
	Please print name of	the above individual.
IN WITNESS WHEREO	F, I have hereunto set my	hand and affixed my official
stamp at my office in the	county of	

the day and year in this certificate first above written.

Signature of Notary