SAMPLE ONLY

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

The undersigned does hereby assign to the **State of Nevada, Department of Business and Industry, Division of Insurance**, the following security, Description of Security, CUSIP Number, Interest Rate, Maturity Date and Amount for all Workers' Compensation policyholders of Name of the Company _____ a company domiciled in the State of Nevada; pursuant to Bulletin 98-001 II.3., NRS 682B.015 and NAC 682B.010 to 682B.030. The security is being held in trust at the Name and Address of Depository (i.e. Bank of New York - 1 Wall Street, 14th Floor - New York, NY 10286). This document is irrevocable and shall continue in full force and effect until surrendered to Name of Depository 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 Depository and upon delivery of said securities by Name of Depository to the **Division of Insurance**, or to the designee of the **Division of Insurance**, Name of Depository shall have no further liability with respect to said securities.

Co. name _____ NAIC #_____

Co. street address _____

City, state, zip _____

Authorized Signature: (ie. 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: _____

Title: Commissioner _____ Date: _____

BRIAN SANDOVAL
Governor

STATE OF NEVADA

BRUCE H. BRESLOW
Director

AMY L. PARKS
Acting Commissioner

DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE
1818 East College Pkwy., Suite 103
Carson City, Nevada 89706
(775) 687-0700 • Fax (775) 687-0787
Website: doi.nv.gov
E-mail: insinfo@doi.state.nv.us

IRREVOCABLE STOCK OR BOND POWER
DOMESTIC INSURER WORKERS' COMPENSATION

The undersigned does hereby assign to the **State of Nevada, Department of Business and Industry, Division of Insurance**, the following security, _____ for all policyholders of _____, a company domiciled in the State of Nevada; pursuant to Bulletin 98-001 II.3., NRS 682B.015 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 effect until surrendered to _____ 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 _____ and upon delivery of said securities by _____ to the **Division of Insurance,** or to the designee of the **Division of Insurance**, _____ shall have no further liability with respect to said securities.

Co. name _____ NAIC #_____
Co. street address _____
City, state, zip _____

Authorized Signature: _____ 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: _____

Title: _____Commissioner of Insurance_____ Date: _____

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

Name of Company _____ NAIC # _____

State of _____,

County of _____

On _____ personally appeared before me,
DATE

_____
Company authorized signature who acknowledged that he executed the above instrument.

_____
Please print name of the above individual.

IN WITNESS WHEREOF, 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