

# 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 or the benefit and protection of all enrollees of Name of the Company a company domiciled in the State of Nevada; pursuant to NAC 695C, "Health Maintenance Organizations". The security is being held in trust at the Name and Address of Depository (i.e. Bank of New York - 1 Wall Street, 14<sup>th</sup> 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.: \_\_\_\_\_

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### 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: \_\_\_\_\_



DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INSURANCE

1818 East College Pkwy., Suite 103  
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(775) 687-0700 • Fax (775) 687-0787  
Website: doi.nv.gov  
E-mail: insinfo@doi.nv.gov

**IRREVOCABLE STOCK OR BOND POWER**

The undersigned does hereby assign to the **State of Nevada, Department of Business and Industry, Division of Insurance**, the following security, \_\_\_\_\_ for the benefit and protection of all enrollees of \_\_\_\_\_, a company domiciled in the State of Nevada; pursuant to NAC 695C, "Health Maintenance Organizations". The security is being held in trust at \_\_\_\_\_. 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.: \_\_\_\_\_

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**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