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 Neva	da, Department of	Business and I	n <mark>dustry,</mark> Div	ision of Ins	urance, the
following security,	Description of Security,	CUSIP Number,	Interest Rate,	Maturity	Date and	Amount
for the sole benefit and	protection of the policyholders of	Name of the	Company			in the
State of Nevada; pursu	ant to NRS 682B.015 Additional dep	posit. The security	is being held in	trust at the	Name and	Address of
Depository (ie. Ban	k of New York - 1 Wall Street , 14	th Floor - New Yorl	<u>k, NY 10286).</u> T	his document	t is irrevocab	le and shall
continue in full force a	nd effect until surrendered to	Name of Depositor	Y			
with the release of the	Division of Insurance endorsed her	eon; provided, how	ever, that the Div	ision of Ins	u rance, i n its	discretion,
may present this power at any time to <u>Name of Depository</u> and upon delivery of said securities by <u>Name of</u>					y <u>Name of</u>	
Depository	to the Division of Insurance	, or to the designee	of the Division	of Insuranc	e, <u>Name of</u>	Depository
shall have no further lia	ability with respect to said securities.					
				NAIC #		
Co. name Co. street address						
City, state, zip						_
Authorized Signature:_	(ie. Company Officer)	Da Tel	ephone no.			
I tite						
	DIVISION OF INS				-	
	(For]	Division Use ON	NLY)			
Durauant to the author	ity vested in me the securities descri	ihad ahove are rele	ased from the ter	ms and cond	itions of this	nower and
	ry vested in me the secondes descri					
					or sure soon	1000 111 4119
manner so ordered by _				*		
For the State of Nevad	a, Division of Insurance:					
Title:	Commissioner of Insurance	Date:				

JOE LOMBARDO Governor

STATE OF NEVADA

DR. KRISTOPHER SANCHEZ Director

> 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

The undersigned does hereby assign to the State of Nevada, Depart	ment of Business and Industry, Division of Insurance, the		
following security,	for the sole		
benefit and protection of the policyholders of	in the		
State of Nevada; pursuant to NRS 682B.015 Additional deposit.	The security is being held in trust at the		
	This document is irrevocable and		
shall continue in full force and effect until surrendered to			
Insurance endorsed hereon; provided, however, that the Division of	f Insurance, in its discretion, may present this power at any		
time to and upon delivery of said secu	rities by to		
the Division of Insurance, or to the designee of the Division of In	nsurance,		
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 au	thority vested in me the securities described	above are rel	eased from	the terms	and	l conditions	of this p	owe	r and
		may	surrender,	deliver	or	otherwise	dispose	of	said
securities in any m	nanner so ordered by							·	,
For the State of Ne	evada, Division of Insurance:								
Title:	Commissioner of Insurance	Date							

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

Name of Company	NAIC #
State of	,
County of	
On	personally appeared before me,
DA	ATE
	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 con	unty of

the day and year in this certificate first above written.

Signature of Notary