

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, 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: _____



DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE

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E-mail: finances@doi.nv.gov

IRREVOCABLE STOCK OR BOND POWER FOR HMO

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.: _____

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