

**SPECIAL FORM OF DETACHED ASSIGNMENT FOR REGISTERED SECURITIES**

FOR VALUE RECEIVED, the \_\_\_\_\_  
hereby assigns to the Insurance Commissioner of Arkansas, Trustee for the benefit of the policyholders or policyholders and  
creditors of the \_\_\_\_\_ under the Arkansas Insurance Code,  
as amended, the following described securities of which the \_\_\_\_\_  
is the owner:

TITLE OF ISSUE \_\_\_\_\_  
(Include interest rate, series, issue date and call and maturity dates)

DENOMINATION	SERIAL NUMBERS	REGISTRATION (Exact inscription on each security)

and hereby authorize discharge or registration thereof on the books of the issuing Corporation (CERTIFIED COPY OF BOARD  
RESOLUTION MUST BE ATTACHED)

\_\_\_\_\_  
(Insurance Company)  
By \_\_\_\_\_  
(Title)  
By \_\_\_\_\_  
(Title)

I CERTIFY that the above-named persons as described, the identity of each of whom is well known to me, personally  
appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_,  
and signed the above assignment. (City & State)

\_\_\_\_\_  
Secretary

ATTEST:

TO BE ATTACHED TO SECURITY

**RESOLUTION BY BOARD OF DIRECTORS  
AUTHORIZING ASSIGNMENT AND DISPOSITION OF  
SPECIFIED SECURITIES**

RESOLVED, That \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ is hereby authorized

\_\_\_\_\_ are hereby jointly and severally authorized to assign, or to sell, or to

otherwise dispose of the following described registered securities, in the total amount of \$ \_\_\_\_\_, owned by this insurer in its own right.

SECURITY TITLE	DENOMINATION	SERIAL NUMBER	REGISTRATION (Exact inscription)

IT IS FURTHER RESOLVED, That any and all action authorized herein previously taken by the above - listed officers is hereby ratified.

I CERTIFY that the foregoing is a true copy of a resolution adopted at a meeting of the BOARD OF DIRECTORS of

\_\_\_\_\_  A corporation  an unincorporated association

held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_

I further certify that said meeting was duly called and held, and that the resolution was duly adopted and is in full force.

I FURTHER CERTIFY that \_\_\_\_\_, and  
(name of officer and title)

\_\_\_\_\_, was/were on said date, and is/are presently, the duly  
(name of officer and title)

qualified and action incumbent(s) of the office(s) indicated.

(SEAL)

If organization has no seal  
have certificate below completed

\_\_\_\_\_  
(signature and title)

Subscribed and certified to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_

\_\_\_\_\_, by the above-named person(s) as described, whose identity and  
(city) (county) (state)  
office is well known or proved to me.

OFFICIAL STAMP OR  
SEAL

My commission expires \_\_\_\_\_

TO BE ATTACHED TO SECURITY

SPECIAL FORM OF DETACHED ASSIGNMENT FOR REGISTERED SECURITIES

FOR VALUE RECEIVED, the Insurance Company's Name (as it does business in Arkansas) hereby assigns to the Insurance Commissioner of Arkansas, Trustee for the benefit of the policyholders or policyholders and creditors of the Insurance Company's Name under the Arkansas Insurance Code, as amended, the following described registered securities of which the Insurance Company's Name is the owner:

TITLE OF ISSUE Complete description of security for deposit.  
 (Include interest rate, series, issue date and call and maturity dates)

DENOMINATION	SERIAL NUMBERS	REGISTRATION (Exact inscription on each security)
Face amount of security	Cusip Bond, Note, Certificate, etc. Number(s)	Insurance Company's Name (as it does business in the State of Arkansas)

and hereby authorize discharge of registration thereof on the books of the issuing Corporation (CERTIFIED COPY OF BOARD RESOLUTION MUST BE ATTACHED)

Insurance Company's Name  
 (Insurance Company)

By Company Officer #1 (Name and Title)  
 (Title)

By Company Officer #2 (Name and Title)  
 (Title)

I CERTIFY that the above-named persons as described, the identity of each of whom is well known to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_, and signed the above assignment.  
 (City & State)

X  
 Secretary

ATTEST:

**RESOLUTION BY BOARD OF DIRECTORS  
AUTHORIZING ASSIGNMENT AND DISPOSITION OF  
SPECIFIED SECURITIES**

RESOLVED, That Company Officer #1 (Name and Title) and  
Company Officer #2 (Name and Title)

is hereby authorized

are hereby jointly and severally authorized to assign, or to sell, or to

otherwise dispose of the following described registered securities, in the total amount of \$ Amt. of security, owned by this insurer in its own right.

SECURITY TITLE	DENOMINATION	SERIAL NUMBER	REGISTRATION (Exact inscription)
Description of security	Amount of security	Bond, Note, Cusip Certificate, etc. Number(s)	Insurance Company's Name (as it does business in the State of Arkansas)

IT IS FURTHER RESOLVED, That any and all action authorized herein previously taken by the above-listed officers is hereby ratified.

I CERTIFY that the foregoing is a true copy of a resolution adopted at a meeting of the BOARD OF DIRECTORS of Insurance Company's Name

A corporation  an unincorporated association

held on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_

I further certify that said meeting was duly called and held, and that the resolution was duly adopted and is in full force.

I FURTHER CERTIFY that Company Officer #1 (Name and Title), and  
(name of officer and title)

Company Officer #2 (Name and Title), was/were on said date, and is/are presently, the duly  
(name of officer and title)

qualified and action incumbent(s) of the office(s) indicated.

(SEAL)

Company Officer #3 (Name and Title)  
(signature and title)

If organization has no seal  
have certificate below completed

Subscribed and certified to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_

\_\_\_\_\_, by the above-named person(s) as described, whose identity and  
(city) (county) (state)  
office is well known or proved to me.

OFFICIAL STAMP OR  
SEAL

My commission expires \_\_\_\_\_

E X A M P L E

**TO BE ATTACHED TO SECURITY**