

# RESOLUTION

TO: HONORABLE GLEN MULREADY  
INSURANCE COMMISSIONER  
OKLAHOMA INSURANCE DEPARTMENT  
400 NE 50TH ST  
OKLAHOMA CITY OK 73105

We transmit the hereinafter-appearing resolution of \_\_\_\_\_

\_\_\_\_\_ hereinafter know as "Insurance Company," granting authority to the designated Company Officers to act with respect to the securities deposited, and to be deposited or withdrawn from said Company's account, pledged to the Oklahoma Insurance Commissioner.

Resolved that the typed name, title and approved signature of said officers are as follows:

<u>Type Full Name</u>	<u>Title</u>	<u>Approved Signature</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

be and they are severally authorized and empowered to make deposits or withdrawals of securities of all classes, including withdrawal of interest coupons, through the office of the Oklahoma State Insurance Commissioner for and on behalf of the:

\_\_\_\_\_  
Full Name and Address of Insurance Company

All deposits, withdrawals or other acts with respect to said company's securities, whether heretofore or hereafter made by any one or more of said officers, are expressly made the acts of the said insurance company for all purposes. This authority shall supersede all prior authorizations, which are hereby cancelled, and shall continue until expressly revoked in writing delivered and acknowledged by the Oklahoma State Insurance Commissioner.

I hereby certify that the foregoing is a full, true and correct copy of the resolution adopted by the Board of Directors of \_\_\_\_\_, and that the same is in full force; that the foregoing signatures are the genuine signatures of the respective officers of said "Insurance Company" as herein above designated.

WITNESS my hand and seal of said corporation this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

[Company Seal]

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
City, State and Zip Code