

## Joint Control Agreement for Lloyds

**Whereas,** \_\_\_\_\_ (is / are) the Attorney(s)-in-Fact for the Underwriters at \_\_\_\_\_, \_\_\_\_\_ Texas and the Commissioner of Insurance of the State of Texas desires to subject securities in the sum of \_\_\_\_\_, (at par value) to the joint control of (himself / themselves) as such Attorney(s)-in-Fact and of the Commissioner of Insurance of the State of Texas, as provided for in Section 941.205 of the Texas Insurance Code.

**Now, Therefore,** it is mutually agreed between \_\_\_\_\_, as Attorney(s)-in-Fact for the Underwriters at \_\_\_\_\_, \_\_\_\_\_ Texas of the one part and the Commissioner of Insurance of the State of Texas, of the other part, that security(ies) aggregating the sum of \_\_\_\_\_, (at par value), approved by the Commissioner of the State of Texas, shall be and are hereby deposited with \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ subject to the joint control of \_\_\_\_\_ as Attorney(s)-in-Fact for the Underwriters at \_\_\_\_\_, \_\_\_\_\_, and the Commissioner of Insurance of the State of Texas and successors in office.

**It is agreed** that said \_\_\_\_\_ as such Attorney(s)-in-Fact shall have the right and privilege of substituting from time to time as (he/they) may see fit other securities for those deposited under joint control as above, provided the securities to be substituted therefore have been approved as acceptable securities by the Commissioner of Insurance.

Description	CUSIP / ID number	Rate	Maturity date	Deposits (par value / amount)

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

Attorney(s)-in-Fact for the Underwriters at \_\_\_\_\_.

**Cassie Brown**  
**Commissioner of Insurance**

\_\_\_\_\_  
Signature of Bonds and Securities Officer  
Company Licensing and Registration

\_\_\_\_\_  
Typed Name of Bonds and Securities Officer  
Company Licensing and Registration

The securities have been received by \_\_\_\_\_, Custodian for the State of Texas, to be held in accordance with the terms of the above agreement and such securities will not be released from the custody and control of said Custodian except upon written authorization from the Commissioner of Insurance of the State of Texas.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Custodian

\_\_\_\_\_  
Address