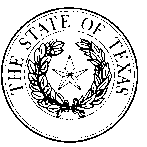
****

Texas Department of Insurance

# Financial, Company Licensing and Registration, Mail Code 305-2C

333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104

512-322-3507 telephone • 512-490-1035 fax • www.tdi.texas.gov

**DECLARATION OF TRUST**

|  |
| --- |
|  |
| (Name of Entity or Person) |
|  |
| (Principal place of business) |
|  |
| (Name of Custodian/Bank) |

affirms that the following security(ies) are the unencumbered property of the \_\_\_(Name of Entity or Person)\_\_\_\_ and pledged to the Commissioner of Insurance or the Texas Department of Insurance for the reason or reasons stated in accord with the laws of this state:

Deposit Reason One (select from drop down, if more than one reason per security, designate amount allocated per reason).

Choose an item.

|  |  |  |  |
| --- | --- | --- | --- |
| Description | CUSIP# | Par Value amount | Maturity Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Deposit Reason Two (if applicable select from drop down, if more than one reason per security, designate amount allocated per reason).

Choose an item.

|  |  |  |  |
| --- | --- | --- | --- |
| Description | CUSIP# | Par Value amount | Maturity Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Deposit Reason Three (if applicable select from drop down, if more than one reason per security, designate amount allocated per reason).

Choose an item.

|  |  |  |  |
| --- | --- | --- | --- |
| Description | CUSIP# | Par Value amount | Maturity Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

The securities listed above have been deposited with the named custodian or bank and pledged to the Texas Department of Insurance (TDI) for the purpose set forth above or subsequently attached to this form.

The listed securities are pledged to TDI and must not be withdrawn or substituted unless approved by the Commissioner of Insurance of the State of Texas (Commissioner) in writing.

The officials of the government, government agency, financial institution, or corporation issuing the listed securities are authorized to honor any requisition by the Commissioner, or the commisioner’s designee, for the conversion of the securities or to negotiate the securities under applicable Texas law. The securities, the officials of the government, government agency, financial institution, or corporation issuing the securities, and Commissioner, the Department, or its duly designated entity are fully protected against any or all claims or assertions by \_\_\_(Name of Entity or Person)\_\_\_\_ and any third-party claims.

The trust will terminate at the written direction of the Commissioner or designee.

Executed this the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_ by the undersigned officer of \_\_\_(Name of Entity or Person)\_\_\_\_and (trustee or custodian).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Officer of the Company) (Name of Trustee/Custodian)

By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name) (Printed Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Title) (Title)

**NOTARY'S ACKNOWLEDGMENT**

**(FOR THE** \_(Name of Entity or Person)\_\_**)**

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Title) (Name of Entity or Person)\_\_\_\_)

known to me to be the person whose name is subscribed to the above and foregoing instrument which is to be held in accordance with the terms of the agreement.

Given under my hand and seal of office this the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public in and for the County of

My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_

**NOTARY’S ACKNOWLEDGMENT**

**( FOR THE TRUSTEE or CUSTODIAN)**

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Title) (Name of Trustee/Custodian)

known to me to be the person whose name is subscribed to the above and foregoing instrument which

is to be held in accordance with the terms of the agreement.

Given under my hand and seal of office this the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public in and for the County of

My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_.