## RESOLUTION BY GOVERNING BODY OF CORPORATION Authorizes Assignment and Disposition of Securities and United States Registered Bonds Owned by the Corporation in its Own Right

Owned by the Corporation in its Own Right IMPORTANT — Follow instructions on last page. RESOLVED, That (Name and Title) and (Name and Title) are hereby jointly and severally authorized to assign, or to sell, or to otherwise depose of any securities including registered United States securities or securities for which the Treasury Department acts as transfer agency, stocks, investment certificates, or share deposits owned by this corporation in its own right with authority to appoint, as an attorney in fact, the Director of Insurance of the State of Alaska and his/her successors in office. IT IS FURTHER RESOLVED, that any such appointment as attorney in fact of the Director of Insurance of the State of Alaska and his/her successors in office shall not be revoked or amended without the consent of the Director of Insurance of the State of Alaska or his/her successor in office. IT IS FURTHER RESOLVED, that any action as 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, the governing body of \_\_ (Complete name of corporation) \_\_\_\_\_, 20\_\_\_\_\_, at \_\_ held on the \_\_\_\_\_ day of \_\_\_ 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 (Name of officer & title) \_\_\_\_, was/were on this \_\_ \_\_\_\_ (date), and is/are and (Name of officer & title) presently, the duly qualified and acting incumbent(s) of the office(s) indicated, upon whose instructions you may rely. (SEAL) (Signature) IF ORGANIZATION HAS NO SEAL, SO STATE (Print Name) HAVE CERTIFICATION BELOW COMPLETED. (Title) (Additional signature, if necessary) (Print name) (Title) Subscribed and certified to before me this day of \_, by the above named person(s) as (City) (State) described, whose identity and office (or the identity and office of each of whom) is well known or proved to me. (OFFICIAL STAMP OR SEAL) (Signature) (Print name)

(Title)

(Address)

08-1203 (Rev. 8/05)

My Commission Expires: \_

(for notaries only)

## **INSTRUCTIONS — PLEASE FOLLOW CAREFULLY**

- 1. This form shall be used by the Board of Directors of a corporation in drafting a resolution authorizing the Director of Insurance and the successors in office of the State of Alaska and corporate offices to assign, or to sell, or to otherwise dispose of any securities, including registered United States Bonds or securities for which the Federal Treasury Department acts as transfer agency, owned by the corporation in its own right.
- 2. The name of the corporation must be written as found in the Articles of Incorporation and the securities must be registered in this true corporate name.
- 3. An officer responsible for maintaining the organization's records must certify the copy of the resolution as indicated. If the officer who certifies is himself authorized by the resolution, another officer having access to the records must also certify. The organization's seal must be impressed, but if it has no seal, that fact must be stated and the resolution must be certified in the presence of a notary public or by an individual with signature guaranty authority (i.e., officer of a national bank or a member of the New York Stock Exchange).
- 4. When officers are authorized by title only, this form shall be used for evidence of incumbency.
- 5. Once filed, the duly executed resolution will remain in full force and effect until the Director of the Division of Insurance of the State of Alaska and the custodian are in receipt of a written resolution to the contrary. It is the obligation of the corporation to submit new resolutions, when necessary, to reflect any change in corporate name, change in authorized officers, or change in the identity of authorized officers, or any other condition which would affect the application of this resolution.
- 6. Return the completed form to the Division of Insurance.