

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 §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 _____, _____, _____ (Name of Bank) (City) _____ (State) 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) (Typed Name)

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

Kent C. Sullivan
Commissioner of Insurance

Signature of Bonds and Securities Officer
Company Licensing and Registration Office

Typed Name of Bonds and Securities Officer
Company Licensing and Registration Office

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.

Date: _____

(Signature of Custodian)

(Address)

(Typed Name)