

Pledgee Agreement Form

To: Federal Reserve Bank of Boston
600 Atlantic Avenue
Boston, MA 02210
Attn: Wholesale Operations/Joint Custody

Tel: 800-327-0147, Option #4
Fax: 877-973-8972

Date: 4/12/2024

We, the NUECES COUNTY HOSP DIST agree to the terms of **Appendix C** of your *Operating Circular 7*, dated August 19, 2005, as it may be amended from time to time with respect to the account on your books designated _____ (4 digit alpha-numeric account number)

We further agree that you may accept par for par substitutions: securities from the Pledgor as a replacement of, or in substitution for, those securities presently held (please check one):

☐

NO (Instructions required for each withdrawal)

☒

YES (Standing approval)

Provided that the replacement or substitution does not reduce the aggregate par amount of securities held in custody for us. (See *Operating Circular 7, Appendix C, Section 4.3.*)

We authorize you to use the following call-back procedure for securities transactions pertaining to this account (please check one):

☒

Three-party call-back

☐

Four-party call-back

We certify that the individuals listed below may take authoritative action on our behalf with respect to the account, including a direction to release collateral from the account. You may rely on the authority of these individuals with respect to the account until we otherwise notify you.

Telephone: (361) 808-3300

Fax: _____

Print Name: Jonny F. Hipp Title: Admin/CEO

Signature: [Signature] Date: 04/12/2024

Telephone: (361) 808-3300

Fax: _____

Print Name: Belinda Espinoza Title: Admin/Asst

Signature: [Signature] Date: 4/12/2024

Telephone: _____

Fax: _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

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Telephone: _____

Print Name: _____ Title: _____

Fax: _____

Signature: _____ Date: _____

The Undersigned hereby certifies that he/she is the present lawful incumbent of the designated public office.

Pledgee

Nueces County Hospital District

Name of governmental unit

555 N. Carancahua Street, Suite 950

Street Address or P.O Box Number

Corpus Christi, Texas 78401

City, State, Zip Code

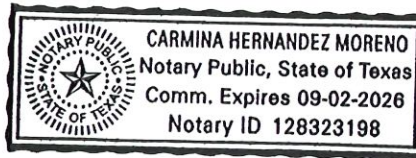
Jonny F. Hipp 04/12/2009
Official Signature/ Date

Jonny F. Hipp, Administrator/Chief Ex.

Printed Name and Title

State of TEXAS
County of NUECES

Notary



On this 12th day of April, 2024 before me personally appeared
Jonny F. Hipp, to me personally known or satisfactorily proven, who by me duly sworn, did depose and say that
he/she resides at 555 N. Carancahua, St. Ste 950, in the City of Corpus Christi, in the
State of Texas, that he/she is the Administrator/Chief Executive [Title] of
Nueces County Hospital District and that he/she executed this document on behalf of
Nueces County Hospital District before me.

[Signature]
(Signature of Notary)

Carmina Hernandez Moreno
(Print name of Notary)

My commission expires on 9/2/2026 [Date]