

Uniform Surplus Lines Consent to Service of Process

_____ Original Designation _____ Amended Designation

Entity Name: _____

Previous Name (if applicable): _____

NAIC Cocode/Alien ID: _____

Home Office Address: _____

The Entity named above, organized under the laws of _____, and regulated under the laws of _____ for purposes of complying with the surplus lines laws of the State(s) designated hereunder, pursuant to a resolution adopted by its board of directors or other governing body, hereby irrevocably appoints the officers of the State(s) and their successors identified in Exhibit A, or where applicable appoints the required agent so designated in Exhibit A hereunder and listed in Exhibit B and attached to this consent to service of process as its attorney in such State(s) upon whom may be served any notice, process or pleading as required by law as reflected on Exhibit A in any action or proceeding by (i) by the State(s) designated or (ii) by or on behalf of a surplus lines policyholder or a policy beneficiary when such action or proceeding is brought in the State in which the surplus lines insurance contract was issued or delivered and arises under such surplus lines contract; and does hereby consent that any such lawful action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within such State(s) so designated; and agrees that any such lawful process against it which is served under this appointment shall be of the same legal force and validity as if served on the Entity directly. This appointment shall be binding upon any successor to the above named Entity that acquires the Entity's assets or assumes its liabilities by merger, consolidation or otherwise; and shall be binding as long as there is a contract in force or liability of the Entity outstanding in the State. The Entity hereby waives all claims of error by reason of such service. The Entity named above agrees to submit an amended designation form upon a change in any of the information provided on this power of attorney.

Entity Officers' Certification and Attestation

An officer of the Entity must read the following and sign:

1. I acknowledge that I am authorized to execute and am executing this document on behalf of the Entity.
2. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the foregoing is true and correct, executed at _____.

Date

Signature of Officer

Full Legal Name of Officer

Title of Officer

Exhibit A

Place an "X" before the names of all the States for which the person executing this form is appointing the designated agent in that State for receipt of service of process with respect to such suits as are specified in this Uniform Surplus Lines Consent to Service of Process:

<input type="checkbox"/> AL	Commissioner of Insurance and Resident Agent	<input type="checkbox"/> MS	Commissioner of Insurance and Resident Agent, both required
<input type="checkbox"/> AK	Director of Insurance	<input type="checkbox"/> MT	Resident Agent
<input type="checkbox"/> AR	Resident Agent	<input type="checkbox"/> NC	Commissioner of Insurance
<input type="checkbox"/> AS	Commissioner of Insurance	<input type="checkbox"/> ND	Commissioner of Insurance
<input type="checkbox"/> AZ	Director of Insurance	<input type="checkbox"/> NE	Officer of Company or Resident Agent
<input type="checkbox"/> CA	Resident Agent	<input type="checkbox"/> NH	Commissioner of Insurance
<input type="checkbox"/> CO	Resident Agent	<input type="checkbox"/> NJ	Commissioner of Banking and Insurance
<input type="checkbox"/> CT	Commissioner of Insurance	<input type="checkbox"/> NM	Superintendent of Insurance
<input type="checkbox"/> DE	Commissioner of Insurance	<input type="checkbox"/> NV	Commissioner of Insurance
<input type="checkbox"/> DC	Commissioner of Insurance, Securities and Banking or the Local Appointed Agent	<input type="checkbox"/> NY	Superintendent of Financial Services
<input type="checkbox"/> FL	Chief Financial Officer	<input type="checkbox"/> OH	Resident Agent
<input type="checkbox"/> GA	Commissioner of Insurance and Safety Fire and Resident Agent	<input type="checkbox"/> OK	Commissioner of Insurance
<input type="checkbox"/> GU	Commissioner of Insurance	<input type="checkbox"/> OR	Resident Agent
<input type="checkbox"/> HI	Commissioner of Insurance and Resident Agent	<input type="checkbox"/> PA	Commissioner of Insurance
<input type="checkbox"/> ID	Director of Insurance	<input type="checkbox"/> PR	Commissioner of Insurance
<input type="checkbox"/> IL	Director of Insurance	<input type="checkbox"/> RI	Director of Insurance
<input type="checkbox"/> IN	Commissioner of Insurance	<input type="checkbox"/> SC	Director of Insurance
<input type="checkbox"/> IA	Commissioner of Insurance	<input type="checkbox"/> SD	Director of Insurance
<input type="checkbox"/> KS	Commissioner of Insurance	<input type="checkbox"/> TN	Commissioner of Insurance
<input type="checkbox"/> KY	Secretary of State	<input type="checkbox"/> TX	Resident Agent
<input type="checkbox"/> LA	Secretary of State	<input type="checkbox"/> UT	Commissioner of Insurance
<input type="checkbox"/> MA	Commissioner of Insurance	<input type="checkbox"/> VA	Clerk of the State Corporation Commission
<input type="checkbox"/> MD	Commissioner of Insurance	<input type="checkbox"/> VI	Lieutenant Governor/Commissioner
<input type="checkbox"/> ME	Resident Agent	<input type="checkbox"/> VT	Resident Agent
<input type="checkbox"/> MI	Resident Agent	<input type="checkbox"/> WA	Commissioner of Insurance
<input type="checkbox"/> MN	Resident Agent	<input type="checkbox"/> WI	Commissioner of Insurance
<input type="checkbox"/> MO	Director of Insurance	<input type="checkbox"/> WV	Commissioner of Insurance
<input type="checkbox"/> MP	Commissioner of Insurance	<input type="checkbox"/> WY	Commissioner of Insurance

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Cocode/Alien ID:

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Exhibit B**

Complete for each state indicated in Exhibit A:

State: _____ Name of Entity: _____

Phone Number: _____

Email Address:

Mailing Address: _____

State: _____ Name of Entity: _____

Phone Number: _____

Email Address:

Mailing Address: _____

State: _____ Name of Entity: _____

Phone Number: _____

Email Address:

Mailing Address: _____

State: _____ Name of Entity: _____

Phone Number: _____

Email Address:

Uniform Surplus Lines Consent to Service of Process

Entity Name:

Cocode/Alien ID:

Mailing Address: _____

State: _____ Name of Entity: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Resolution Authorizing Appointment of Attorney

BE IT RESOLVED by the Board of Directors or other governing body of

_____,
(Entity Name)

that an Officer of said Entity be and are hereby authorized by the Board of Directors and directed to sign and execute the Uniform Surplus Lines Consent to Service of Process to give irrevocable consent that actions by (i) by the State(s) designated or (ii) by or on behalf of a surplus lines policyholder or a policy beneficiary when such action or proceeding is brought in the State in which the surplus lines insurance contract was issued or delivered and arises under such surplus lines contract (in accordance with the terms of this Uniform Surplus Lines Consent to Service of Process) may be commenced against said Entity in the proper court of any jurisdiction in the State(s) as indicated within Exhibit A, in which the action shall arise, or in which plaintiff may reside, by service of process in the State(s) indicated above and irrevocably appoints the officer(s) of the State(s) and their respective successors in such offices or, where applicable, appoints the required agent(s) so designated as its attorney in such States(s), upon whom may be served any notice, process or pleading as required by law in any action or proceeding against said Entity in the States(s) and stipulate and agree that such service of process shall be taken and held in all courts to be as valid and binding as if due service had been made upon said Entity according to the laws of said State.

CERTIFICATION:

I, _____, Officer of

_____,
(Entity Name)

state that this is a true and accurate copy of the resolution adopted effective the ____ day of _____, 20__ by the Board of Directors or governing board at a meeting held on the ____ day of _____, 20__, or by written consent dated ____ day of _____, 20__.

Date _____

Officer

Title of Officer