Applicant Name: _____ NAIC No. _____
FEIN: _____

Uniform Consent to Service of Process

_____ Original Designation _____ Amended Designation
(must be submitted directly to states)

Insurer Name: _____

Previous Name (if applicable): _____

Home Office Address: _____

City, State, Zip: _____ NAIC CoCode:_____

The entity named above, organized under the laws of _____, for purposes of complying with the laws of the State(s) designate hereunder relating to the holding of a certificate of authority or the conduct of an insurance business within said State(s), 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 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 against it in the State(s) so designated; and does hereby consent that any lawful action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the State(s) so designated; and agrees that any 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.

Applicant Officers' Certification and Attestation

One of the two Officers (listed below) of the Applicant must read the following very carefully and sign:

1. I acknowledge that I am authorized to execute and am executing this document on behalf of the Applicant.

2. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed at _____.

_____ _____
Date Signature of President

_____
Full Legal Name of President

_____ _____
Date Signature of Secretary

_____
Full Legal Name of Secretary

Uniform Consent to Service of Process

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:

____	AL	Commissioner of Insurance # and Resident Agent*
____	AK	Director of Insurance #
____	AZ	Director of Insurance # ^
____	AR	Resident Agent *
____	AS	Commissioner of Insurance #
____	CO	Commissioner of Insurance # and Resident Agent*
____	CT	Commissioner of Insurance #
____	DE	Commissioner of Insurance #
____	DC	Local Agent*
____	FL	Chief Financial Officer # ^
____	GA	Commissioner of Insurance and Safety Fire # and Resident Agent*
____	GU	Commissioner of Insurance #
____	HI	Insurance Commissioner # and Resident Agent*
____	ID	Director of Insurance # ^
____	IL	Director or Insurance #
____	IN	Resident Agent* ^
____	IA	Commissioner of Insurance #
____	KS	Commissioner of Insurance ^
____	KY	Secretary of State #
____	LA	Secretary of State #
____	MD	Insurance Commissioner #
____	ME	Resident Agent* ^
____	MI	Resident Agent *
____	MN	Commissioner of Commerce #
____	MS	Commissioner of Insurance and Resident Agent* BOTH are required.
___	MO	Director of Insurance #
___	MT	Commissioner of Insurance #
___	NE	Officer of Company* or Resident Agent* (circle one)
___	NH	Commissioner of Insurance #
___	NV	Commissioner of Insurance of Insurance Commission # ^
___	NJ	Commissioner of Banking and Insurance #^
___	NM	Superintendent of Insurance #
___	NY	Superintendent of Financial Services #
___	NC	Commissioner of Insurance
___	ND	Commissioner of Insurance # ^
___	OH	Resident Agent*
___	OR	Resident Agent*
___	OK	Commissioner of Insurance #
___	PR	Commissioner of Insurance #
___	RI	Commissioner of Insurance ^
___	SC	Director of Insurance #
___	SD	Director of Insurance # ^
___	TN	Commissioner of Insurance #
___	TX	Resident Agent*
___	UT	Resident Agent* ^
___	VT	Secretary of State #
___	VI	Lieutenant Governor/Commissioner#
___	WA	Insurance Commissioner #
___	WV	Secretary of State # @
___	WY	Commissioner of Insurance #

For the forwarding of Service of Process received by a State Officer complete Exhibit B listing by state the entities (one per state) with **full name and address where service of process is to be forwarded**. Use additional pages as necessary. Colorado will forward Service of Process to the Secretary of the company and requires a resident agent for foreign entities. Exhibit not required for New Jersey, and North Carolina. Florida accepts only an individual as the entity and requires an email address. New Jersey allows but does not require a foreign insurer to designate a specific forwarding address on Exhibit B. SC will not forward to an individual by name; however, it will forward to a position, e.g., Attention: President (or Compliance Officer, etc.). Washington requires an email address on Exhibit B.

* Attach a completed Exhibit B listing the Resident Agent for the insurer (one per state). Include state name, Resident Agent's **full name and street address**. Use additional pages as necessary. (DC* requires an agent within a ten mile radius of the District).

^ Initial pleadings only.

@ Form accepted only as part of a Uniform Certificate of Authority application.

MA will send the required form to the applicant when the approval process reaches that point.

Exhibit A

Exhibit B

Complete for each state indicated in Exhibit A:

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

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Resolution Authorizing Appointment of Attorney

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

_____ ,
(Company Name)

this _____day of _____ , 20 _____ , that the President or Secretary of said entity be and are hereby authorized by the Board of Directors and directed to sign and execute the Uniform Consent to Service of Process to give irrevocable consent that actions may be commenced against said entity in the proper court of any jurisdiction in the state(s) of

_____

_____

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 successors in such offices or appoints the agent(s) so designated in the Uniform Consent to Service of Process 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, _____, Secretary of

_____ ,
(Company 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 ___.

_____
Secretary