

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**Uniform Consent to Service of Process**

\_\_\_\_\_ Original Designation

\_\_\_\_\_ Amended Designation

(must be submitted directly to states)

Applicant Company Name: \_\_\_\_\_

Previous Name (if applicable): \_\_\_\_\_

Home Office Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ NAIC CoCode: \_\_\_\_\_

The Applicant Company 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 Company Officers' Certification and Attestation**

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

~ Minnesota does not forward Service of Process. To effectively serve the Commissioner of Commerce, use the process under Minn. Stat. § 45.028. Applicant Company may complete Exhibit B to provide a Service of Process address that Commerce may keep on file.

### 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: \_\_\_\_\_

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State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

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State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

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State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

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State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

**Exhibit B**

**Resolution Authorizing Appointment of Attorney**

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

\_\_\_\_\_  
(Applicant 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

\_\_\_\_\_  
(Applicant 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 \_\_\_\_.

Date \_\_\_\_\_

\_\_\_\_\_  
Secretary