

**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 forgoing is true and correct, executed at \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Full Legal Name of Officer

\_\_\_\_\_  
Title of Officer

Uniform Surplus Lines Consent to Service of Process  
 Entity Name:  
 Cocode/Alien ID:

**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                                   |

Uniform Surplus Lines Consent to Service of Process  
Entity Name:  
Cocode/Alien ID:

**Uniform Surplus Lines Consent to Service of Process  
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: \_\_\_\_\_

Uniform Surplus Lines Consent to Service of Process  
Entity Name:  
Cocode/Alien ID:

**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