

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) designated 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 hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me, the Applicant, or both, to civil or criminal penalties.
2. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions in which the Applicant is licensed or to which the Applicant is applying for licensure.
3. I acknowledge that I am authorized to execute and am executing this document on behalf of the Applicant.
4. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed this \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
Full Legal Name of President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Secretary

\_\_\_\_\_  
Full Legal Name of Secretary

Applicant Name \_\_\_\_\_

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

**Exhibit A**

Complete for each state to which application is being made.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Applicant Name \_\_\_\_\_

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

**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

State Requirements for  
Uniform Consent to Service of Process

The following jurisdictions require that the primary insurance regulator receive Service of Process (those states marked with ^ accept initial pleadings only) and that the applicant provide forwarding information on Exhibit A. **Kansas requires two signatures and that the corporate seal be affixed next to the required officers' signatures. Florida accepts only an individual as the entity. New Jersey allows but does not require a foreign insurer to designate a specific forwarding address on Exhibit A. If an Exhibit A is not filed, the Department shall forward process to the insurer's general mailing address on file with the Department.**

AK	FL^	IA	NH	NY	PR	WA
AZ^	GU	KS	NJ	NC	SC	WY
AS	ID^	MD^	NV^	ND^	SD^	
CT	IL	MT	NM	OK		

The following jurisdictions require that the primary insurance regulator **AND** a resident agent receive Service of Process and that the applicant provide forwarding information and resident agent information on Exhibit A:

AL	HI
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The following jurisdictions require that the primary insurance regulator **OR** a resident agent receive Service of Process (those states marked with ^ accept initial pleadings only) and that the applicant provide either forwarding information or resident agent information on Exhibit A.

CO^
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The following jurisdictions require that a resident agent receive Service of Process (those states marked with ^ accept initial pleadings only) (DC\* requires an agent within a ten mile radius of the District) and that the applicant provide the full name and street address for the resident agent Exhibit A:

AR	IN^	MI	OR	UT^
DC*	ME^	OH	TX	NE

The following jurisdictions require that the Secretary of State receive Service of Process (those states marked with @ accept this form only in connection with the UCAA) and that the applicant provide forwarding information on Exhibit A:

KY	LA	VT	WV@
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The following jurisdictions have state-specific requirements or state-specific forms. The requirements may be accessed via the NAIC Web site at [http://www.naic.org/ucaa/state\\_pages/index.htm](http://www.naic.org/ucaa/state_pages/index.htm). **Massachusetts will send the required form to the applicant when the approval process reaches that point. Mississippi must be contacted for the appropriate form. Delaware requires the form to be notarized.**

CA	GA	MN	MO	RI	VA
DE	MA	MS	PA	TN	WI