Uniform Certificate of Authority Application (UCAA)

Uniform Consent to Service of Process

______ Original Designation    ______ Amended Designation

Applicant Company Name: __________________________________________________________________________
Previous Name (if applicable): _________________________________________________________________________
Statutory Home Office Address: ________________________________________________________________________
City, State, Zip: ______________________________________ NAIC CoCode: __________________________________

The Applicant Company named above, organized under the laws of ______________ , and regulated 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
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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 Resident Agent*
____ 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 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 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.  ____ WV 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. 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 forward 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), (MT requires an agent to reside or maintain a business in MT).

^ 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
Uniform Certificate of Authority (UCAA)
Uniform Consent to Service of Process
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: ____________________________________________________________

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