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
Uniform Certificate of Authority (UCAA)
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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*
___ AK  Director of Insurance #
___ AZ  Director of Insurance # ^
___ AR  Resident Agent *
___ AS  Commissioner of Insurance #
___ CO  Commissioner of Insurance # or Resident Agent*
___ CT  Commissioner of Insurance #
___ DE  Commissioner of Insurance #
___ DC  Commissioner of Insurance and Securities Regulation # or Local Agent* (circle one)
___ 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 of 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  Resident Agent*
___ NE  Officer of Company* or Resident Agent* (circle one)
___ NH  Commissioner of Insurance #
___ NV  Commissioner of Insurance Commission # ^
___ NJ  Commissioner of Banking and Insurance #^ (circle one)
___ 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  Superintendent of Insurance ^
___ SC  Director of Insurance #
___ SD  Director of Insurance # ^
___ TN  Commissioner of Insurance #
___ TX  Resident Agent*
___ UT  Resident Agent* ^
___ VT  Resident Agent* ^
___ 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 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), (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:

<table>
<thead>
<tr>
<th>State</th>
<th>Name of Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Phone Number: ___________________  Fax Number: ___________________</td>
</tr>
<tr>
<td></td>
<td>Email Address:</td>
</tr>
<tr>
<td></td>
<td>Mailing Address:</td>
</tr>
<tr>
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</table>

**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