



**South Carolina**  
**Department of Insurance**  
 Financial Regulation and Solvency Division  
 1201 Main Street, Suite 1000  
 Columbia, S.C. 29201

NIKKI R. HALEY  
 Governor

Raymond G. Farmer  
 Director

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**Form 1033**  
**State of South Carolina**  
**Appointment of Attorney to Accept Service**

\_\_\_\_\_ (the Group), a purchasing group duly organized under the laws of the State of \_\_\_\_\_, appoints the Director of Insurance of the State of South Carolina, and his or her successors in office, to be its lawful attorney upon whom all legal process in any action or proceeding against it shall be served and further agrees that any lawful process against it which is served upon this attorney shall have the same legal validity as if served personally upon the Group.

The Group gives the Director of Insurance and his or her successors, full authority to do every act necessary to be done under this appointment as fully as the Group could do if personally present, and ratifies all that the Director of Insurance shall lawfully do under the power granted by this appointment. This authority may be withdrawn only upon a written notice of revocation and in any case shall continue in effect so long as any liability arising out of this appointment remains outstanding in the State. This instrument is executed pursuant to and shall be construed to constitute full compliance with Section 4(e) of the Liability Risk Retention Act of 1986.

The Group designates the following as the person to whom process against the Group served upon the Director shall be forwarded:

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

IN WITNESS OF THIS APPOINTMENT, the Group, pursuant to a resolution duly adopted by its Board of Directors, has caused this instrument to be executed in its name by its President and Secretary, and its corporate seal to be affixed to it at the City of \_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Attest:

\_\_\_\_\_  
 President

\_\_\_\_\_  
 Name of Purchasing Group

\_\_\_\_\_  
 Secretary

\_\_\_\_\_  
 Name of Purchasing Group