



South Carolina Department of Insurance  
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Columbia, SC 29201

From the SCDOI Financial Regulation  
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### Consent to Service of Process

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

Previous Name (if applicable): \_\_\_\_\_

Home Office Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ FEIN/SS#: \_\_\_\_\_

The entity named above, organized under the laws of \_\_\_\_\_, for purposes of complying with the laws of the State of South Carolina relating to the holding of a nonresident reinsurance intermediary license in South Carolina pursuant to a resolution adopted by its board of directors or other governing body (see Exhibit B), hereby irrevocably appoints the required agent so designated in Exhibit A hereunder as its attorney in South Carolina upon whom may be served any notice, process or pleading as required by South Carolina law in any action or proceeding against it in the State; 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; 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.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_ and by: \_\_\_\_\_  
President Secretary

State or Province of \_\_\_\_\_, County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ before me appeared

\_\_\_\_\_ and \_\_\_\_\_, personally known to me to be the President and Secretary, respectively, of the above named entity and acknowledging that they are officers being authorized so to do, executed the foregoing instrument for the purposes therein contained, on behalf of the entity.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

(SEAL)

\_\_\_\_\_  
Notary Public/Commissioner of Oath

Residing at: \_\_\_\_\_

My Commission Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Consent to Service of Process**

**Exhibit A**

For the forwarding of Service of Process received by a State Officer complete Exhibit A listing information regarding the person to whom and address to where the service of process is to be forwarded.

\*Include Resident Agent's full name and street address.

State \_\_\_\_\_ Name of Resident Agent \_\_\_\_\_

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

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

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**Exhibit B**

**Resolution Authorizing Appointment of Attorney**

BE IT RESOLVED by the Board of Directors or other governing body of

\_\_\_\_\_  
(company name)

effective this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, that the President and Secretary of said entity be and are hereby authorized by the Board of Directors and directed to sign and execute the 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 of South Carolina by service of process and irrevocably appoints the officer(s) of the State of South Carolina and their successors in such offices or appoints the agent(s) so designated in the 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