



South Carolina
Department of Insurance
Division of Financial Services
 1201 Main Street, Suite 1000
 Columbia, S.C. 29201

HENRY McMASTER
 Governor

RAYMOND G. FARMER
 Director

Mailing Address:
 P.O. Box 100105
 Columbia, S.C. 29202-3105
Telephone: (803) 737-6188 Fax: (803) 737-6232
E-mail: mshull@doi.sc.gov

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 _____

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