

**Consent to Service of Process**

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

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

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

City, State, Zip: \_\_\_\_\_ NAIC CoCode: \_\_\_\_\_

The entity named above, organized under the laws of \_\_\_\_\_, for purposes of complying with the laws of the State of New York in order to transact business with excess line brokers, as an eligible excess line insurer, pursuant to a resolution adopted by its board of directors or other governing body, hereby irrevocably appoints the Superintendent of New York State Department of Financial Services and his/her successors as its attorney in New York State upon whom may be served any notice, process or pleading as required by law in any action or proceeding against it in New York 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 of New York 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 New York 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 Officers' Certification and Attestation**

One of the two Officers (listed below) of the Insurer named above 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 Insurer named above.
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