



STATE OF ARKANSAS
DEPARTMENT OF INSURANCE
Arkansas Insurance Department- Finance Division
1 Commerce Way, Suite 505
Little Rock, AR 72202-2087
(501) 371-2665

DESIGNATION OF PROCESS AGENT

KNOW ALL MEN BY THESE PRESENTS:

THAT the _____ a corporation created by and organized under the laws of the State of _____, and authorized to transact the business of insurance within the State of Arkansas, does hereby agree that any legal process affecting the said Company may be served on the Commissioner of Arkansas, who is hereby specified and authorized to receive and accept the service of process for said Company; and it is further agreed that this appointment shall remain in effect as long as there is outstanding in this State any obligation or liability of such insurer resulting from its transactions herein.

IN TESTIMONY WHEREOF, the said Company has hereunto affixed its corporation seal and caused the same to be subscribed and attested by its President and Secretary on the _____ day of _____, 2____.

(SEAL)

President

Attest:

Secretary