Applicant Company Name: _____ NAIC No. _____
FEIN: _____

Uniform Certificate of Authority Application (UCAA)
Uniform Consent to Service of Process

_____ Original Designation _____ Amended Designation
(must be submitted directly to states)

Applicant Company Name: _____

Previous Name (if applicable): _____

Statutory Home Office Address: _____

City, State, Zip: _____ NAIC CoCode:_____

The Applicant Company named above, organized under the laws of _____, and regulated under the laws of _____ for purposes of complying with the laws of the State(s) designate hereunder relating to the holding of a certificate of authority or the conduct of an insurance business within said State(s), pursuant to a resolution adopted by its board of directors or other governing body, hereby irrevocably appoints the officers of the State(s) and their successors identified in Exhibit A, or where applicable appoints the required agent so designated in Exhibit A hereunder as its attorney in such State(s) upon whom may be served any notice, process or pleading as required by law as reflected on Exhibit A in any action or proceeding against it in the State(s) so designated; 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(s) so designated; 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.

Applicant Company Officers' Certification and Attestation

One of the two Officers (listed below) of the Applicant Company 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 Applicant Company.

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

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Uniform Certificate of Authority (UCAA)
Uniform Consent to Service of Process
Exhibit A

Place an "X" before the names of all the States for which the person executing this form is appointing the designated agent in that State for receipt of service of process:

____	AL	Commissioner of Insurance # and Resident Agent*	__	MO	Director of Insurance #
____	AK	Director of Insurance #	__	MT	Resident Agent*
____	AZ	Director of Insurance # ^	__	NE	Officer of Company* or Resident Agent* (circle one)
____	AR	Resident Agent *	__	NH	Commissioner of Insurance #
____	AS	Commissioner of Insurance #	__	NV	Commissioner of Insurance Commission # ^
____	CO	Resident Agent*	__	NJ	Commissioner of Banking and Insurance #^
____	CT	Commissioner of Insurance #	__	NM	Superintendent of Insurance #
____	DE	Commissioner of Insurance #	__	NY	Superintendent of Financial Services #
____	DC	Commissioner of Insurance and Securities Regulation # or Local Agent* (circle one)	__	NC	Commissioner of Insurance
____	FL	Chief Financial Officer # ^	__	ND	Commissioner of Insurance # ^
____	GA	Commissioner of Insurance and Safety Fire # and Resident Agent*	__	OH	Resident Agent*
____	GU	Commissioner of Insurance #	__	OR	Resident Agent*
____	HI	Insurance Commissioner # and Resident Agent*	__	OK	Commissioner of Insurance #
____	ID	Director of Insurance # ^	__	PR	Commissioner of Insurance #
____	IL	Director of Insurance #	__	RI	Superintendent of Insurance ^
____	IN	Resident Agent* ^	__	SC	Director of Insurance #
____	IA	Commissioner of Insurance #	__	SD	Director of Insurance # ^
____	KS	Commissioner of Insurance ^	__	TN	Commissioner of Insurance #
____	KY	Secretary of State #	__	TX	Resident Agent*
____	LA	Secretary of State #	__	UT	Resident Agent* ^
____	MD	Insurance Commissioner #	__	VT	Resident Agent*
____	ME	Resident Agent* ^	__	VI	Lieutenant Governor/Commissioner#
____	MI	Resident Agent *	__	WA	Insurance Commissioner #
____	MN	Resident Agent ~	__	WV	Secretary of State #
____	MS	Commissioner of Insurance and Resident Agent* BOTH are required.	__	WY	Commissioner of Insurance #

For the forwarding of Service of Process received by a State Officer complete Exhibit B listing by state the entities (one per state) with **full name and address where service of process is to be forwarded**. Use additional pages as necessary. Exhibit not required for New Jersey, and North Carolina. Florida accepts only an individual as the entity and requires an email address. New Jersey allows but does not require a foreign insurer to designate a specific forwarding address on Exhibit B. SC will not forward to an individual by name; however, it will forward to a position, e.g., Attention: President (or Compliance Officer, etc.). Washington requires an email address on Exhibit B.

* Attach a completed Exhibit B listing the Resident Agent for the Applicant Company (one per state). Include state name, Resident Agent's **full name and street address**. Use additional pages as necessary. (DC* requires an agent within a ten-mile radius of the District), (MT requires an agent to reside or maintain a business in MT).

^ Initial pleadings only.

MA will send the required form to the Applicant Company when the approval process reaches that point.

~ Minnesota does not forward Service of Process. Service of Process must be accomplished using the procedures set forth in MN Stat. § 45.028. Applicant Company should complete Exhibit B to provide a resident agent address that Commerce will keep on file. Resident agent must have a Minnesota address.

Exhibit A

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Uniform Certificate of Authority (UCAA)
Uniform Consent to Service of Process
Exhibit B

Complete for each state indicated in Exhibit A:

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

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Resolution Authorizing Appointment of Attorney

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

_____ ,
(Applicant Company Name)

this _____day of _____ , 20 _____ , that the President or Secretary of said entity be and are hereby authorized by the Board of Directors and directed to sign and execute the Uniform 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(s) of

_____

_____

in which the action shall arise, or in which plaintiff may reside, by service of process in the state(s) indicated above and irrevocably appoints the officer(s) of the state(s) and their successors in such offices or appoints the agent(s) so designated in the Uniform 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

_____ ,
(Applicant 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 ___.

Date_____ _____
Secretary

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