Consent to Service of Process For Captive Insurance Company

Name of Company:	
Previous Name (if applicable):	
Principal Office Address:	
City, State, Zip:	
Registered Office Address in South Carolina:	
City, Zip:	
Name of Registered Agent located at Registered Office:	
Office Address for Service of Process by Department of	Insurance:
City, State, and Zip:	
of complying with the provisions of the Code of Laws resolution adopted by its board of directors or other gov Carolina Department of Insurance ("Department"), and notice, process or pleading in any action or proceeding service on the above named registered agent of the Comagainst it may be commenced in any court of competent agrees that any lawful process against it which is served if served on the company directly. This appointment shabusiness of insurance in the State of South Carolina pursu of the Company's assets or assumes its liabilities by mer is a contract in force or liability of the Company outstabusiness of insurance. The Company hereby waives all c Company agrees to submit an amendment to this Consprovided above.	d existing under the laws of the State of South Carolina, for purposes of South Carolina 1976, as amended ("Code"), and pursuant to a verning body, hereby irrevocably appoints the Director of the South his or her successors, as an agent of the Company upon whom any against it in the State of South Carolina may be served, in lieu of apany and does hereby consent that any lawful action or proceeding jurisdiction and proper venue within the State of South Carolina and under this appointment shall be the same legal force and validity as all be binding upon any successor to the Company that conducts the uant to Title 38 of the Code and either acquires all or substantially all ger, consolidation or otherwise; and shall be binding as long as there anding in the State of South Carolina relating to its conduct of the claims of error against the Department by reason of such service. The tent to Service of Process upon a change in any of the information excess to be executed by its duly authorized representative as of the
	Name of Company
	Ву:
	Name:
	Its:
	(SEAL)