South Carolina
Department of Insurance
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NIKKI R. HALEY
Governor

SCID Form 1027RRG

APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE

The _____, a Risk Retention Group (called the Group) duly organized under the laws of the State of _____, appoints the Director of Insurance of the State of South Carolina, and his or her successors in office, to be its lawful attorney upon whom all legal process in any action or proceeding against it shall be served and further agrees that any lawful process against it which is served upon this attorney shall have the same legal validity as if served personally upon the Group.

The Group gives the Director of Insurance and his or her successors, full authority to do every act necessary to be done under this appointment as fully as the Group could do if personally present, and ratifies all that the Director of Insurance shall lawfully do under the power granted by this appointment. This authority may be withdrawn only upon a written notice of revocation and in any case shall continue in effect so long as any liability arising out of this appointment remains outstanding in the State. This instrument is executed pursuant to and shall be construed to constitute full compliance with Section 3 (a)(1)(D) of the Liability Risk Retention Act of 1986.

The Group designates _____whose address is

_____ as the person to whom process against the Group served upon the Director shall be forwarded.

IN WITNESS OF THIS APPOINTMENT, the Group, pursuant to a resolution duly adopted by its Board of Directors, has caused this instrument to be executed in its name by its President and Secretary, and its corporate seal to be affixed to it at the City of _____, State of _____, this _____ day of _____, 20____.

Attest:

_____	_____
President	Name of Risk Retention Group
_____	_____
Secretary	Name of Risk Retention Group

STATE OF _____)

COUNTY OF _____)

This certifies that on the _____ day of _____, 20_____, before the undersigned Notary Public in and for the said County and State, personally appeared the above-named _____ _____, known to me to be the President, and _____ _____, known to me to be the Secretary of _____, the Group mentioned in and which executed the foregoing power of attorney, and severally acknowledged that they executed the same by authority and in behalf of said Group, pursuant to a resolution of the Board of Directors of said Group duly adopted on the _____ day of_____, 20_____; and _____, the Secretary of said Group, further acknowledged that the corporate seal thereto attached and impressed therein is the corporate seal of said Group and was affixed thereto by him.

IN TESTIMONY WHEREOF, I have hereunto set my hand and notarial seal this _____ day of _____, 20_____.

Notary Public _____ (L.S.)

State of _____

My Commission Expires:_____

(h:\k\rrg – Form 1027RRG – Appt of Attorney to Accept Service)