

**State of California
 Department of Insurance
 Appointment of Agent for Service of Process
 and Stipulation as Required by Law
 (Life Settlements)**

THE STATE OF _____ §
 COUNTY OF _____ § KNOW ALL MEN BY THESE PRESENTS:
 §

That pursuant to the requirements of Article 3, Chapter 4, Part 2, Division 1 of the Insurance Code of the State of California, _____ of
 _____ (name of provider)
 _____ and carrying on the business of life settlements,
 _____ (domiciliary city and state)
 does hereby nominate, constitute and appoint _____,
 _____ (name of appointee, natural person only)
 having his/her place of business at _____,
 _____ (street address)
 in the City of _____, California _____, who is appointed
 _____ Zip Code
 the true and lawful agent of said Provider in the State of California, on whom any notice provided by law, summons or other process may be served in all actions or other legal proceedings against such Provider, and such service shall give jurisdiction over said Provider.

And said Provider does hereby stipulate and agree, that if at any time it leaves this State, ceases to transact business in this State, or is without an agent for service of process in this State, then and in any case where such agent could be served, service may be made upon the Insurance Commissioner (the "Commissioner"), and such service upon the Commissioner shall have the same force and effect as if made upon the Provider.

This appointment shall terminate without notice to the appointee upon the filing with the Commissioner of a document appointing another person as agent for the said applicant.

Witness our hands and the impress of the seal of said Provider this _____ day of

_____, _____.

(Corporate Seal)
 (if applicable)

 President (or authorized representative)

 Secretary (or authorized representative)

ACKNOWLEDGEMENT

State of _____)

County of _____)

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____ (Seal)

Agent's Acceptance of Appointment

(To be completed, dated and signed by agent before this is filed with Insurance Department)

I, _____, the appointee named above,
(name of appointee, natural person only)
do hereby acknowledge and accept the appointment as true and lawful agent for applicant,
_____ and certify under penalty of
(name of provider,)

perjury that I am the individual named herein, that I maintain an office at the address shown below, and that I shall be reasonably available during business hours at such place for service of legal process on behalf of said Provider or on whom service of such process may be had, according to the laws of said State of California; hereby waiving all claim or right of error by reason of such acknowledgment of such service of process, whether intermediate or final. I further agree that in the event the address or location of my said office or residence is changed during the existence of this appointment, I will promptly give notice thereof in writing to the Insurance Commissioner and the appointing company.

Witness my hand this _____ day of _____, _____.

(signature of agent)

(agent's printed name)

(address)
