

DESIGNATION OF AGENT FOR SERVICE OF PROCESS AND CONSENT TO JURISDICTION FORM AR-2

CDI-064 (Rev. 09/2023)

DESIGNATION OF AGENT FOR SERVICE OF PROCESS AND CONSENT TO JURISDICTION

The undersigned, _____, a corporation organized under the laws of _____, hereby appoints and designates _____, having his/her place of business at _____ in the City of _____, California, as its agent for service of process, upon whom may be served any notice, summons or process in any action, suit, arbitration or proceeding instituted by or on behalf of an insurer domiciled in California or by the California Insurance Commissioner ("Commissioner").

The undersigned hereby consents to the jurisdiction of any court of competent jurisdiction in California for the adjudication of any issues arising from a reinsurance agreement with an insurer domiciled in California, or arising from its status as an accredited reinsurer or a reinsurer with an approved U.S. trust in California. The undersigned agrees to comply with all requirements necessary to give such court jurisdiction, and will abide by the final decision of such court or appellate court in the event of an appeal. However, nothing in this paragraph constitutes a waiver of the right of the undersigned to commence an action in any court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another court as permitted by the laws of the United States or of any state in the United States.

Name of Corporation _____

By _____ (Officer)

Printed Name and Title of Officer: _____

ACKNOWLEDGMENT OF AGENT

I, _____, the appointee named above, hereby certify that I am a licensed attorney in California and the individual appointed herein as agent, and that I maintain an office at the address stated for me above. I agree to be reasonably available during normal business hours at such address for service on me for the appointing company of any notice, summons or process. I further agree that in the event the address of my office is changed during the existence of this appointment, I will promptly give notice thereof in writing to the appointing company and to the California Insurance Commissioner.

Signature _____

State of California Bar Number _____

Submit original to: California Department of Insurance, Corporate Affairs Bureau 1901 Harrison Street, 6th Floor, Oakland, CA 94612