STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE

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

CDI-064 (Rev. 11/2015)

DESIGNATION OF AGENT FOR SERVICE OF PROCESS AND CONSENT TO JURISDICTION

The undersign	ed,	, a corporation organized unde
the laws of	ed,, hereby appoints and designates	, having
his/her place of bus	iness at, California, as its agent for s	in the
be served any notice, or on behalf of an ("Commissioner"). If a cannot be made upon service shall have the	summons or process in any action, suit, arbitinsurer domiciled in California or by the Cit any time the undersigned is without an age of the appointed agent, service may be made to same force and effect as if made upon the uninate, without notice to the appointee, upon	itration or proceeding instituted by california Insurance Commissione: ant for service of process, or service upon the Commissioner, and such andersigned. This appointment and
California for the adj domiciled in California approved U.S. trust in give such court jurisd event of an appeal. undersigned to comm remove an action to a permitted by the laws intended to conflict w	ed hereby consents to the jurisdiction of any udication of any issues arising from a reinsural, or arising from its status as an accredited California. The undersigned agrees to comply iction, and will abide by the final decision of sometiment of the control of the control of the united States District Court, or to seek a trace of the United States or of any state in the United of the underlying agreement.	urance agreement with an insured reinsurer or a reinsurer with an with all requirements necessary to such court or appellate court in the utes a waiver of the right of the urisdiction in the United States, to ansfer of a case to another court as nited States. This paragraph is no arbitrate their disputes if such an
	Name of Corporation	
	By	(Officer)
	Printed Name and Title of Officer:	
	ACKNOWLEDGMENT OF AGENT	
licensed attorney in office at the address hours at such addr process. I further ag	, the appointee named above California and the individual appointed herein stated for me above. I agree to be reasonably ess for service on me for the appointing compree that in the event the address of my office is will promptly give notice thereof in writing to the Commissioner.	as agent, and that I maintain an available during normal business pany of any notice, summons or is changed during the existence of
	Signature	
	State of California Bar Number	
Submit original to:	California Department of Insurance, Corporate	e Affairs Bureau

45 Fremont Street, San Francisco, CA 94105