

## South Carolina Department of Insurance 1201 Main Street, Suite 1000

Columbia, South Carolina 29201

Governor SCOTT RICHARDSON **Director of Insurance** 

MARK SANFORD

**Mailing Address:** P.O. Box 100105, Columbia, S.C. 29202-3105 Telephone: (803) 737-6160

## APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE

The	,a Risk	Retention Group
(called the Group) duly organized under the		, appoints the
Director of Insurance of the State of South C	Carolina, and his or her successors in office,	to be its lawful
attorney upon whom all legal process in any ac	ction or proceeding against it shall be served ar	nd further agrees
	rved upon this attorney shall have the same leg	gal validity as if
served personally upon the Group.		
	surance and his or her successors, full authority	
	as fully as the Group could do if personally pre	
	y do under the power granted by this appointme	
	of revocation and in any case shall continue in remains outstanding in the State. This instrum	
	full compliance with Section 3 (a)(1)(D) of the L	
Retention Act of 1986.	run comphance with Section 3 (a)(1)(D) of the L	Zidomity Kisk
The Group designates		whose address is
		as
the person to whom process against the Grou	ip served upon the Director shall be forwarded.	
IN WITNESS OF THIS ADDOINT	MENT the Crown numerion to a resolution dul	v adamtad by ita
	MENT, the Group, pursuant to a resolution dul to be executed in its name by its President and S	
this	the City of	ssiate or
Attest:		
Secretary	Name of Risk Retention Group	
By:		
President	-	
Testacht		
CTATE OF		
STATE OF	)	
COUNTY OF	)	

This certifies that on the	day of	······································	, before the	undersigned
Notary Public in and for the said C	County and State	, personally appeared the	e above-named	
		,known to me to be th	ne President, and	
Group mentioned in and which exthey executed the same by author	ecuted the foreg	going power of attorney,	and severally acknow	ledged that
Directors of said Group duly adopt	ed on the	day of	·	, and
corporate seal thereto attached and thereto by him.  IN TESTIMONY WHERE	EOF, I have here			
Notary Public		(L. S.)		
State of		_		
My Commission Expires:				

SCID Form 1027RRG (Revised 5/3 1/00)