

STATE OF NORTH CAROLINA

COUNTY OF WAKE

LIMITED POWER OF ATTORNEY

BE IT ACKNOWLEDGED that \_\_\_\_\_ (“Company”), as partial consideration for a license to do business in North Carolina, irrevocably appoints for itself, its heirs, assigns and successors, the North Carolina Commissioner of Insurance (“Commissioner”), successors in office and any duly appointed designees, as its true and lawful attorney-in-fact in North Carolina pursuant to Article 16 of Chapter 58 of the North Carolina General Statutes.

Said attorney-in-fact shall have full power and authority to perform only in the capacity as Company’s agent, upon whom all processes of law against Company in any action, cause, or legal proceeding of any sort whatsoever may be served, subject to and in accordance with the laws of North Carolina. The Company further agrees that all such lawful processes against it which are served upon the Commissioner, or a duly appointed designee shall be deemed valid personal service upon Company and shall be of the same force and validity as if personally served upon Company.

**SIGNATURE AND ATTESTATION**

I acknowledge that I am authorized to execute and am executing this document on behalf of Company. I hereby certify under penalty of perjury under the laws of North Carolina and under the laws of the applicable jurisdictions that all the forgoing is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Signature of President*

\_\_\_\_\_  
*Print Name of President*

State of \_\_\_\_\_

County of \_\_\_\_\_

I certify that \_\_\_\_\_ personally appeared before me on this day, \_\_\_\_\_, acknowledging to me that he/she/they signed the foregoing document.

\_\_\_\_\_  
*Signature of Notary*

\_\_\_\_\_, Notary Public

*Notary’s printed or typed name*

Commission Expires: \_\_\_\_\_ (Seal)

I acknowledge that I am authorized to execute and am executing this document on behalf of Company and has hereto affixed its corporate seal. I hereby certify under penalty of perjury under the laws of North Carolina and under the laws of the applicable jurisdictions that all the forgoing is true and correct.

\_\_\_\_\_ Date

\_\_\_\_\_ *Signature of Secretary*

\_\_\_\_\_ *Print Name of Secretary*

State of \_\_\_\_\_

County of \_\_\_\_\_

I certify that \_\_\_\_\_ personally appeared before me on this day, \_\_\_\_\_, acknowledging to me that he/she/they signed the foregoing document.

\_\_\_\_\_ *Signature of Notary*

\_\_\_\_\_, Notary Public

\_\_\_\_\_ *Notary's printed or typed name*

Commission Expires: \_\_\_\_\_ (Seal)