

**STATE OF NORTH CAROLINA
DEPARTMENT OF INSURANCE**

POWER OF ATTORNEY

TO ACKNOWLEDGE SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS:

THAT _____desiring to
transact the business of viatical settlement contracts within the State of North Carolina, pursuant to the laws thereof,
does by these presents irrevocably consent that actions may be commenced against said Company in the proper court
of any county in the State of North Carolina in which the cause of action shall arise, or in which the plaintiff
may reside, by service of process upon the Commissioner of Insurance of the State of North Carolina; and the said

Company does hereby, in consideration of the privilege of doing business in the State of North Carolina as aforesaid,
stipulate and agree that such service of process shall be taken and held in all courts to be as valid and binding as if due
service had been made upon said Company according to the laws of said State of North Carolina, or of any other state.

In Witness Whereof, The said Company, in accordance with a
resolution of its Board of Directors, duly adopted by said Board,
on the _____day of _____ 20_____, (a certified copy
whereof is hereto attached), hath to these presents affixed its
corporation seal, and caused the same to be subscribed and
attested by its President and Secretary, at the city of
_____in the State of _____on the
_____day of _____, 20__

SEAL

(President)

Attest:

(Secretary)

NOTE: THERE MUST BE ATTACHED TO THIS FORM A CERTIFIED COPY OF THE MINUTES OF THE BOARD OF DIRECTORS' MEETING AT WHICH THE ABOVE-MENTIONED RESOLUTION WAS ADOPTED.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal, at the

City of _____ in the State of _____

SUBSCRIBED AND SWORN TO before me this ____ day of ____ 20____

My Commission expires _____ Notary Public _____

RETURN TO:

**Life and Health Division
North Carolina Department of Insurance
Electronically to:
LHinbox@ncdoi.gov
Or
CITRIX ShareFile**