

*****NOTE: TO BE COMPLETED BY NON-DOMESTIC COMPANIES ONLY*****

**STATE OF NORTH CAROLINA
DEPARTMENT OF INSURANCE
VIATICAL SETTLEMENT PROVIDER POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS:

That the _____ (Partnership), of the City of _____ and the State of _____, and its partners individually, desiring to transact business as an Viatical Settlement Provider, pursuant to the provisions of Article 58-200 Chapter 58 of the General Statutes of North Carolina, in the State of North Carolina, in conformity with the laws thereof do hereby make, constitute, and appoint the Insurance Commissioner of the State of North Carolina, or his or her successor in office, its true and lawful ATTORNEY in and for the said State of North Carolina, upon whom all processes of law against such partnership, and its individual partners in any action or legal proceeding may be served, subject to and in accordance with all the provisions of the statutes and laws of said State of North Carolina now in force, and such other acts as may be hereafter passed amendatory thereof and supplementary thereto; and said partnership and its partners individually do and hereby expressly agree that any and all lawful processes against it and them, which may be served upon said Insurance Commissioner, or his or her successor, shall be deemed valid personal service upon said partnership and individual partners; and that this authority shall continue in force and be irrevocable so long as any liability of the said partnership remains outstanding in the said State of North Carolina, whether incurred before or since the making and execution of this instrument.

In testimony whereof, the undersigned partners of _____ (Partnership) have hereunto set our hands and seals this _____ day of _____, 20__.

(Partner)

(Partner)

(Partner)

(Partner)

STATE OF _____

COUNTY OF _____

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____.

Notary Public

(SEAL)

My Commission Expires: _____

RETURN TO:

**Life and Health Division
North Carolina Department of Insurance**

**Electronically to:
LHinbox@ncdoi.gov**

**Or
CITRIX ShareFile**

