

**POWER OF ATTORNEY GRANTED BY  
INDIVIDUAL EMPLOYER SELF-INSURED FOR WORKERS' COMPENSATION TO THE  
NORTH CAROLINA COMMISSIONER OF INSURANCE**

**Please submit this form to: [SpecialEntitiesSubmissions@ncdoi.gov](mailto:SpecialEntitiesSubmissions@ncdoi.gov) and  
NCDOL, Special Entities Section, 1203 Mail Service Center, Raleigh, NC 27699-1203**

---

Now comes \_\_\_\_\_ (hereinafter "Insurer") and irrevocably appoints for itself, its heirs, assigns and successors the North Carolina Commissioner of Insurance (hereinafter "the Commissioner") as its true and lawful attorney in North Carolina, upon whom all processes of law against the Insurer in any action, suit, cause, cause of action, or legal proceeding of any sort whatsoever may be served, subject to and in accordance with the laws of North Carolina. Insurer further agrees that all such lawful processes of law against it which are served upon the Commissioner shall be deemed valid personal service upon the Insurer and shall be of the same force and validity as if personally served upon the Insurer.

Subscribed and sealed this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. Attest  
(if a corporation)

Signature of Corporate Secretary

Signature of owner, partner or  
Designated corporate official as affiant

Name of Corporate Secretary (Typed or Printed)

Name (Typed or Printed)

Title / Position with Self-Insurer

**PLACE CORPORATE SEAL HERE.**

Sworn and Subscribed before me by above affiant this date shown above:

---

Signature of Notary Public

Name of Notary Public (Typed or Printed)

My Commission Expires: