

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Insurance
P.O. Box 110805, Juneau, Alaska 99811-0805

**APPOINTMENT OF THE DIRECTOR OF INSURANCE
OR THEIR SUCCESSORS AS ATTORNEY FOR
SERVICE OF PROCESS IN ALASKA**

1	<p>KNOW ALL MEN BY THESE PRESENTS:</p> <p>That _____</p> <p>of _____ a _____ Stock, Mutual, or Reciprocal Insurer</p> <p>and existing under the laws of _____ does hereby give its irrevocable consent that service of process, against the insurer may be made by serving such process upon the Director of Insurance, or their successors in office, and does hereby expressly consent and agree that service of such process of pleadings on the Director shall be as valid and binding as if due service had been made upon such insurer itself and any successor in interest to the assets or liabilities of the insurer, and this consent shall remain in effect as long as there is in force in Alaska contact made by the insurer or obligations arising therefrom.</p> <p>IN WITNESS WHEREOF, said insurer, in accordance with authority granted by a resolution of its Board of Directors, has caused this instrument to be executed by its President and Secretary (Attorney-In-Fact of the reciprocal insurer) and its seal to be affixed this _____ day</p> <p>of _____, 20_____.</p> <p style="text-align: right;">_____ By: _____ Secretary</p> <p>By: _____ President</p> <p style="text-align: center;">(SEAL)</p>
2	<p>United States of America) State of _____) ss.</p> <p>On this _____ day of _____, 20_____, before me, a notary public in and for said State, personally appeared _____ to me known to be the person described in and who executed the foregoing instrument and who, being by me first duly sworn, did say that they are the president and secretary, and or Attorney-in-Fact, respectively of _____ the insurer described in the foregoing instrument, and that said instrument was executed in behalf of said insurer by authority of its board of directors.</p> <p style="text-align: right;">_____ Notary Public</p> <p style="text-align: right;">My Commission Expires: _____</p> <p style="text-align: center;">NOTARY SEAL</p>

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**DESIGNATION OF PERSONS TO RECEIVE
SERVICE OF PROCESS**

1	<p>TO THE DIRECTOR OF INSURANCE:</p> <p>Pursuant to the provisions of the Insurance Code for the State of Alaska, AS 21.09.180(c), the undersigned hereby designates and appoints</p> <p>_____</p> <p>(Name) (Telephone Number)</p> <p>_____</p> <p>(Title)</p> <p>_____</p> <p>(Mailing Address)</p> <p>_____</p> <p>(City) (State) (ZIP Code)</p> <p>to receive from the Director of Insurance notice and receipt of any process served upon the Director of Insurance against _____</p> <p style="text-align: center;">(Insurer, RRG, RPG, or your Entity's name)</p>
2	<p>Dated _____, _____.</p> <p style="text-align: right;">SIGNATURE: _____</p> <p style="text-align: right;">PRINT NAME: _____</p> <p style="text-align: right;">TITLE: _____</p>