

Service of Process Form

THE STATE OF			
COUNTY OF	KNOW ALL MEN BY	'THESE PRESENT:	
THAT THE			
	(Multiple Employer Welfare Arranger		
of(domiciliary state)	doe	s hereby nominate, constitute a	nd appoint
(domiciliary state) the Commissioner of Insurance locate			
of said company, for said State of Tex of Texas for and on behalf of said en laws of said State of Texas; hereby w	cas, to acknowledge service of legantity, or on whom service of such	I process issued by any court of process may be had, according	the State to the
service of process, whether intermed	liate or final. And it is hereby adı	mitted and agreed that such	
acknowledgment of service of proces			
that behalf as if served upon the co	empany according to the laws of sai	d State of Texas, or any other St	tate.
WITNESS out hands and the impress o	of the seal of said company, this	day of,	20
		 Trustee or President	
(Corporate Seal)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Trustee or Secretary	
THE STATE OF			
COUNTY OF			
BEFORE ME,			
both known to me to be the persons of to me that they executed the same for stated, and as the act and deed of said	r the purposes and considerations		_
IN TESTIMONY WHEREOF, I hereunto	sign my name and affix the impress	of my official seal this	day of
		Notary Public in and for	
		County, State of	
		My commission expires	