

Service of Process Form for Administrators

(Name of Administrator/Applicant)

an Administrator/Applicant at _____
(Address)

does hereby nominate, constitute and appoint the **COMMISSIONER OF INSURANCE, 1601 CONGRESS AVE, AUSTIN, TEXAS 78701**, its true and lawful attorney for the state of Texas, to acknowledge service of legal process issued by any court of the State of Texas according to the laws of Texas, or any other State.

Signature of Executive Officer or other comparable responsible person
(Officer, Director, Partner, or Sole Proprietor or Shareholder)

(Printed or typed name)

Date _____, 20 _____

State of _____)

)

County of _____)

Before me, on this day personally appeared _____,
known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20 _____.

(notary seal)

Notary Public (Signature)

Printed or Stamped Name

My commission expires _____