



Rev No: 11/01

Form No: GID-4

OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

APPOINTMENT OF COMMISSIONER AS ATTORNEY-IN-FACT BY INSURER

KNOW ALL MEN BY THESE PRESENTS, That the _____
Insurance Company of _____ State of _____
does hereby irrevocably make, constitute and appoint THE INSURANCE COMMISSIONER OF GEORGIA Mail address
716 WEST TOWER, ATLANTA, GEORGIA 30334 State of Georgia, its true and lawful Attorney in and for the State of
Georgia, on whom all process of law, whether mesne or final, against said Company may be served in any action or special
proceedings against said Company, in the State of Georgia, subject to and in accordance with all the provisions of the statutes
and laws of said State of Georgia, now in force, and such other Acts as may be hereafter passed amendatory thereof and
supplementary thereto; and the said Attorney is duly authorized and empowered as the Agent of said Company to receive and
accept service of process in all cases as provided by the laws of the State of Georgia, and such service shall be deemed valid
personal service upon said Company.

(SEAL)

President _____

Secretary _____

STATE OF _____

County of _____

BE IT REMEMBERED, That on the _____ day of _____, 20 ____, before me personally appeared
_____, President of the above named Corporation, who being duly

sworn, deposes and says that he was personally present at the execution of the above Power of Attorney, and saw the Common Seal of the said Corporation of the _____ Insurance Company duly fixed thereto, and that the above Power of Attorney was duly signed, sealed and delivered by, as and for the Act and Deed of the said _____ Insurance Company, for the uses and purposes therein mentioned, and that the name of this deponent subscribed to said Power of Attorney, as President of said Corporation, is of this deponent's own handwriting and that the name of _____ subscribed to said Power of Attorney as Secretary of said Corporation in attestation of the due execution and delivery of said Power of Attorney is of his own proper handwriting.

Sworn to and subscribed before me, this _____ day of _____, 20_____.

KNOW ALL MEN BY THESE PRESENTS, That the said

Insurance Company does hereby designate _____

Mail address _____

as the person to whom process against it served upon the Commissioner of Insurance of the State of Georgia is to be forwarded, the designation and filing hereof made in compliance with provisions of Georgia statutes.

This _____ day of _____, 20_____.

By _____ Title _____

By _____ Title _____

By _____ Title _____

ATTEST:

Its Secretary