



Appointment of Attorney-in-Fact by Insurer

Section 33-4-3(1) of the Georgia Insurance Code states that each Insurer shall file with the Commissioner a Power of Attorney appointing a person who is a resident of this State as Registered Agent to receive service of process. Such Power of Attorney shall be irrevocable and may only be terminated by the filing of a new appointment by the Insurer. A physical address for the business and home addresses are required— a P.O. Box and blank spaces are NOT acceptable.

NAIC#: _____

KNOW ALL MEN BY THESE PRESENTS, That the _____
Insurance Company of _____, _____ does hereby make,
(Domicile City) (Domicile State)

constitute and appoint _____
at the Business* Address of: (Name of Appointee- MUST BE AN INDIVIDUAL RESIDING IN GEORGIA)

_____ Street (* Post Office Box Not Acceptable) City State Zip County

with a Home* Address of:

_____ Street (* Post Office Box Not Acceptable) City State Zip County

Its true and lawful Agent 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 Agent 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.

(Printed Name of President) SEAL (Printed Name of Secretary)

(Signature of President) (Signature of Secretary)

In the State of _____, in the County of _____

BE IT REMEMBERED, That on the _____ day of _____, 20____, _____
(Name of President)

President of the above named Corporation, personally appeared before me 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 .

<u>NOTARY</u>	Sworn to and Subscribed before Me this _____ day of _____ . In the County of _____, State of _____ . _____ (Notary Public)	_____ (My Commission Expires)	(Seal)
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Please submit all documents as one attachment for each category as one pdf., this will expedite processing of your application.