



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 at the address of 2 Martin Luther King Jr., Dr., Suite 708, West Tower, Atlanta, GA 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)
Attest: _____
(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,
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.

NOTARY	Sworn to and Subscribed before Me this _____ day of _____, _____	(Seal)
	Signature _____ My Commission Expires _____	

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)