



**AGENT OF PROCESS - ATTACHMENT A**  
NORTH DAKOTA STATE INSURANCE DEPARTMENT  
COMMISSIONER OF INSURANCE  
SFN 17912 (7-91)

Name of Corporation			
Address	City	State	Zip Code

The above named corporation does hereby nominate and appoint for themselves and their successors, **The Commissioner of Insurance of the State of North Dakota**, and his successors, at the City of Bismarck, County of Burleigh, as the true and lawful Agent or Attorney of said Corporation in the State of North Dakota.

And said Corporation does hereby authorize the above named person to accept and acknowledge services of process for and in behalf of said Corporation in said State, consenting that such service of process mesne or final upon such attorney shall be taken and held to be as valid as if served upon the Corporation according to the laws of said State or any other State or Territory, and waiving all claim or right of error by reason of such acknowledgement of service; and further, that the authority hereby conferred shall continue in force so long as any liability remains outstanding against said Corporation in the State of North Dakota.

WITNESS the seal of the said Corporation, and the official signatures of the President and Secretary thereof at

\_\_\_\_\_ in the State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of President	Signature of Secretary
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