



**STATE OF WASHINGTON
OFFICE OF THE INSURANCE COMMISSIONER
APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE**

Entity Legal Name: _____

Home Office Address: _____

City, State, Zip: _____ WA OIC # _____

The Entity is authorized to transact business in Washington under Title 48 RCW as a:

	<i>Licensee/Registrant Type</i>	<i>Statute governing the appointment</i>
<input type="checkbox"/>	Service Contract Provider	RCW 48.110.030
<input type="checkbox"/>	Protection Product Guarantee Provider	RCW 48.110.055
<input type="checkbox"/>	Life Settlement Provider	RCW 48.102.011
<input type="checkbox"/>	Reinsurance Intermediary Broker/Manager	RCW 48.94.010
<input type="checkbox"/>	Healthcare Discount Plan Organization	RCW 48.155.020
<input type="checkbox"/>	Charitable Gift Annuity Issuer	RCW 48.38.010
<input type="checkbox"/>	Risk Purchasing Group	RCW 48.92.080
<input type="checkbox"/>	Risk Retention Group	RCW 48.92.040
<input type="checkbox"/>	Health Care Benefit Manager	RCW 48.200.060

The Entity is duly organized under the laws of the State of _____. The Entity hereby appoints the Insurance Commissioner of the State of Washington, and any successor in office, as its lawful attorney to receive service of all legal process issued against it in the state of Washington upon causes of action arising within the state of Washington. Service upon the Commissioner as attorney constitutes service upon the Provider.

The Entity designates the following natural or corporate person to whom the Commissioner must forward legal process so served on him or her:

Legal Name: _____

Email Address: _____

Street Address: _____

City, State, Zip: _____

The appointment of the Insurance Commissioner of the State of Washington as attorney is irrevocable, binds any successor in interest or to the assets or liabilities of the Entity, and remains in effect for as long as there could be any cause of action against the Entity arising out of any of the Entity's contracts, transactions or obligations in this state. This designation will remain in place until the Entity files a new designation. Any service of process will be accomplished and processed in accordance with RCW 48.02.200.

I acknowledge that I am authorized to execute and am executing this document on behalf of the Entity.

IN WITNESS OF THIS APPOINTMENT, the Entity has caused this instrument to be executed in its name by the undersigned at the City of _____, in the State of _____, this _____ day of _____, 20____.

Signature of Authorized Person: _____

Printed Name: _____

Title _____

Deliver the completed form to clc@oic.wa.gov using "Service of Process Submission - (Entity Name) (WA OIC#)" in the subject line.