

Draft date: 2/10/25

*Virtual Meeting*

## **SURPLUS LINES (C) TASK FORCE**

Thursday, February 27, 2025

2:00 – 3:00 p.m. ET / 1:00 – 2:00 p.m. CT / 12:00 – 1:00 p.m. MT / 11:00 a.m. – 12:00 p.m. PT

## **ROLL CALL**

### **NAIC Member**

Larry D. Deiter, Chair  
Timothy J. Temple, Vice Chair  
Mark Fowler  
Lori K. Wing-Heier  
Barbara D. Richardson  
Ricardo Lara  
Michael Conway  
Trinidad Navarro  
Karima M. Woods  
Michael Yaworsky  
John F. King  
Michelle B. Santos  
Jerry Bump  
Dean L. Cameron  
Holly W. Lambert  
Doug Ommen  
Vicki Schmidt  
Marie Grant  
Michael T. Caljouw  
Grace Arnold  
Mike Chaney  
Remedio C. Mafnas  
Scott Kipper  
Justin Zimmerman  
Glen Mulready  
Michael Humphreys  
Michael Wise  
Cassie Brown  
Tregenza A. Roach  
Patty Kuderer  
Allan L. McVey

### **Representative**

Larry D. Deiter, Chair  
Timothy J. Temple, Vice Chair  
Jimmy Gunn  
Sian Ng-Ashcraft  
Lori Dreaver Munn  
Audrie Lee  
Michael Conway  
Susan Jennette  
Angela King  
Sheryl Parker  
Scott Sanders  
Michelle B. Santos  
Melanie Fujiwara  
Randy Pipal  
Holly W. Lambert  
Kim Cross  
Julie Holmes  
Erin Nickles  
Jim McCarthy  
Gregory Maus/Kathleen Orth  
David Browning  
Remedio C. Mafnas  
Scott Kipper  
Justin Zimmerman  
Eli Snowbarger  
Michael Humphreys  
Ryan Basnett  
Jamie Walker  
Glendina Matthew  
Andrew Davis  
Allan L. McVey

### **State/Territory**

South Dakota  
Louisiana  
Alabama  
Alaska  
Arizona  
California  
Colorado  
Delaware  
District of Columbia  
Florida  
Georgia  
Guam  
Hawaii  
Idaho  
Indiana  
Iowa  
Kansas  
Maryland  
Massachusetts  
Minnesota  
Mississippi  
N. Mariana Islands  
Nevada  
New Jersey  
Oklahoma  
Pennsylvania  
South Carolina  
Texas  
U.S. Virgin Islands  
Washington  
West Virginia

NAIC Support Staff: Andy Daleo

## **AGENDA**

1. Consider Adoption of its 2024 Fall National Meeting Minutes Attachment A  
—*Director Larry D. Deiter (SD)*
2. Consider Adoption of the Report of the Surplus Lines (C) Working Group  
—*Eli Snowbarger (OK)*
3. Consider Adoption of the Draft Surplus Lines Service of Process Form Attachment B  
—*Director Larry D. Deiter (SD)*
4. Discuss Any Other Matters Brought Before the Task Force  
—*Director Larry D. Deiter (SD)*
5. Adjournment

## Draft Pending Adoption

Draft: 11/11/24

Surplus Lines (C) Task Force  
Virtual Meeting (*in lieu of meeting at the Fall National Meeting*)  
November 7, 2024

The Surplus Lines (C) Task Force met Nov. 7, 2024. The following Task Force members participated: Larry D. Deiter, Chair, and Frank Marnell (SD); Cassie Brown, Vice Chair, represented by Jamie Walker (TX); Lori K. Wing-Heier represented by David Phifer (AK); Mark Fowler represented by Jimmy Gunn (AL); Ricardo Lara represented by Audrie Lee (CA); Michael Conway represented by Rolf Kaumann (CO); Karima M. Woods represented by Omar Barakat (DC); John F. King represented by Scott Sanders (GA); Dean L. Cameron represented by Randy Pipal (ID); Ann Gillespie represented by Marcy Savage (IL); Timothy J. Temple represented by Tom Travis (LA); Vicki Schmidt represented by Chris Hollenbeck (KS); Michael T. Calijouw represented by James A. McCarthy (MA); Marie Grant represented by William Fawcett (MD); Mike Causey represented by Robert Croom (NC); Scott Kipper represented by Gennady Stolyarov (NV); Glen Mulready represented by Eli Snowbarger (OK); Michael Humphreys represented by Michael McKenney (PA); and Carter Lawrence represented by Trey Hancock (TN).

### 1. Adopted its Summer National Meeting Minutes

Walker made a motion, seconded by Phifer, to adopt the Task Force's Aug. 13 minutes (*see NAIC Proceedings – Summer 2024, Surplus Lines (C) Task Force*). The motion passed unanimously.

### 2. Adopted the Report of the Surplus Lines (C) Working Group

Snowbarger stated that the Working Group met Sept. 24 in regulator-to-regulator session pursuant to paragraph 3 (specific companies, entities, or individuals) of the NAIC Policy Statement on Open Meetings. During this meeting, the Working Group approved one application for admittance to the Oct. 1 Quarterly Listing of Alien Insurers.

Kaumann made a motion, seconded by Hollenbeck, to adopt the report of the Surplus Lines (C) Working Group. The motion passed unanimously.

### 3. Discussed Comments Received on the Draft Surplus Lines Service of Process

Marnell summarized that the Task Force's drafting group met Oct. 10 to discuss the draft surplus lines service of process form (Attachment \_\_\_\_). Marnell said the drafting group also discussed two comment letters received from the California Department of Insurance (CDI) and an industry group made up of Lloyd's of London, the Wholesale & Specialty Insurance Association (WSIA), and the American Property Casualty Insurance Association (APCIA) (Attachment \_\_\_\_). Marnell stated that seven edits were proposed, of which the drafting group integrated five. He stated that the two comments the drafting group did not integrate were: 1) the addition of a CDI-specific asterisk and footnote on page 10 of the form; and 2) the addition of the street address within Exhibit B on page 11 of the form, given the mailing address is already on the form. Marnell commented that the drafting group received two additional comments after the exposure period. After speaking with the industry group, an additional edit was made to the form to strike, "issued to a policyholder whose 'Home State' is such State pursuant to Section 3.J and 9 of the NAIC's *Nonadmitted Insurance Model Act* (#870)" from page one of the form.

Lee indicated that the drafting group did not address the fourth item in the CDI's letter, which was to integrate the full name of the resident agent on the first page and within Exhibit B of the form. Lee also indicated that the

## Draft Pending Adoption

CDI statute requires a street address and does not allow a post office (PO) box on the form. Dan Schelp (NAIC) commented that the form is not required and can be modified by the states to accommodate variations.

Thomas Dawson (McDermott Will & Emery) commented that there are many service of process statutes and consent to jurisdiction statutes, some of which deal with unauthorized insurers and the appointment of the commissioner as the agent for service of process. Dawson indicated that many of the forms are not uniform. Dawson stated that all of those forms anchor policies issued in this state to an insured or a beneficiary in this state. Dawson commented that he would like to go back to the draft prior to the Oct. 28 revision, which would reinstate the home state concept into the form. Director Deiter indicated that based on the issues discussed, the drafting group will need to revisit the form and propose a revised draft at the 2025 Spring National Meeting.

### 4. Heard a Summary of Surplus Lines Industry Results

Andy Daleo (NAIC) summarized the year-end 2023 surplus lines industry results (Attachment \_\_). His summary included details on overall writings and trends in the industry. He also summarized market exposure for cybersecurity and private flood. Following his summary, he indicated that the industry results would be posted on the Surplus Lines (C) Working Group web page.

Having no further business, the Surplus Lines (C) Task Force adjourned.

SharePoint/NAIC Support Staff Hub/Member Meetings/C CMTE/SLTF/2024 Fall NM/SLTF Minutes Nov 7 2024.docx

**Uniform Surplus Lines Consent to Service of Process**

\_\_\_\_\_ Original Designation \_\_\_\_\_ Amended Designation

Entity Name: \_\_\_\_\_

Previous Name (if applicable): \_\_\_\_\_

NAIC Cocode/Alien ID: \_\_\_\_\_

Home Office Address: \_\_\_\_\_

The Entity named above, organized under the laws of \_\_\_\_\_, and regulated under the laws of \_\_\_\_\_ for purposes of complying with the surplus lines laws of the State(s) designated hereunder, pursuant to a resolution adopted by its board of directors or other governing body, hereby irrevocably appoints the officers of the State(s) and their successors identified in Exhibit A, or where applicable appoints the required agent so designated in Exhibit A hereunder and listed in Exhibit B and attached to this consent to service of process as its attorney in such State(s) upon whom may be served any notice, process or pleading as required by law as reflected on Exhibit A in any action or proceeding by (i) by the State(s) designated or (ii) by or on behalf of a surplus lines policyholder or a policy beneficiary when such action or proceeding is brought in the State in which the surplus lines insurance contract was issued or delivered and arises under such surplus lines contract; and does hereby consent that any such lawful action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within such State(s) so designated; and agrees that any such lawful process against it which is served under this appointment shall be of the same legal force and validity as if served on the Entity directly. This appointment shall be binding upon any successor to the above named Entity that acquires the Entity's assets or assumes its liabilities by merger, consolidation or otherwise; and shall be binding as long as there is a contract in force or liability of the Entity outstanding in the State. The Entity hereby waives all claims of error by reason of such service. The Entity named above agrees to submit an amended designation form upon a change in any of the information provided on this power of attorney.

**Entity Officers' Certification and Attestation**

An officer of the Entity must read the following and sign:

1. I acknowledge that I am authorized to execute and am executing this document on behalf of the Entity.
2. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed at \_\_\_\_\_.

\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Officer\_\_\_\_\_  
Full Legal Name of Officer\_\_\_\_\_  
Title of Officer

Uniform Surplus Lines Consent to Service of Process  
 Entity Name:  
 Cocode/Alien ID:

### Exhibit A

Place an "X" before the names of all the States for which the person executing this form is appointing the designated agent in that State for receipt of service of process with respect to such suits as are specified in this Uniform Surplus Lines Consent to Service of Process:

<input type="checkbox"/> AL	Commissioner of Insurance and Resident Agent	<input type="checkbox"/> MS	Commissioner of Insurance and Resident Agent, both required
<input type="checkbox"/> AK	Director of Insurance	<input type="checkbox"/> MT	Resident Agent
<input type="checkbox"/> AR	Resident Agent	<input type="checkbox"/> NC	Commissioner of Insurance
<input type="checkbox"/> AS	Commissioner of Insurance	<input type="checkbox"/> ND	Commissioner of Insurance
<input type="checkbox"/> AZ	Director of Insurance	<input type="checkbox"/> NE	Officer of Company or Resident Agent
<input type="checkbox"/> CA	Resident Agent	<input type="checkbox"/> NH	Commissioner of Insurance
<input type="checkbox"/> CO	Resident Agent	<input type="checkbox"/> NJ	Commissioner of Banking and Insurance
<input type="checkbox"/> CT	Commissioner of Insurance	<input type="checkbox"/> NM	Superintendent of Insurance
<input type="checkbox"/> DE	Commissioner of Insurance	<input type="checkbox"/> NV	Commissioner of Insurance
<input type="checkbox"/> DC	Commissioner of Insurance, Securities and Banking or the Local Appointed Agent	<input type="checkbox"/> NY	Superintendent of Financial Services
<input type="checkbox"/> FL	Chief Financial Officer	<input type="checkbox"/> OH	Resident Agent
<input type="checkbox"/> GA	Commissioner of Insurance and Safety Fire and Resident Agent	<input type="checkbox"/> OK	Commissioner of Insurance
<input type="checkbox"/> GU	Commissioner of Insurance	<input type="checkbox"/> OR	Resident Agent
<input type="checkbox"/> HI	Commissioner of Insurance and Resident Agent	<input type="checkbox"/> PA	Commissioner of Insurance
<input type="checkbox"/> ID	Director of Insurance	<input type="checkbox"/> PR	Commissioner of Insurance
<input type="checkbox"/> IL	Director of Insurance	<input type="checkbox"/> RI	Director of Insurance
<input type="checkbox"/> IN	Commissioner of Insurance	<input type="checkbox"/> SC	Director of Insurance
<input type="checkbox"/> IA	Commissioner of Insurance	<input type="checkbox"/> SD	Director of Insurance
<input type="checkbox"/> KS	Commissioner of Insurance	<input type="checkbox"/> TN	Commissioner of Insurance
<input type="checkbox"/> KY	Secretary of State	<input type="checkbox"/> TX	Resident Agent
<input type="checkbox"/> LA	Secretary of State	<input type="checkbox"/> UT	Commissioner of Insurance
<input type="checkbox"/> MA	Commissioner of Insurance	<input type="checkbox"/> VA	Clerk of the State Corporation Commission
<input type="checkbox"/> MD	Commissioner of Insurance	<input type="checkbox"/> VI	Lieutenant Governor/Commissioner
<input type="checkbox"/> ME	Resident Agent	<input type="checkbox"/> VT	Resident Agent
<input type="checkbox"/> MI	Resident Agent	<input type="checkbox"/> WA	Commissioner of Insurance
<input type="checkbox"/> MN	Resident Agent	<input type="checkbox"/> WI	Commissioner of Insurance
<input type="checkbox"/> MO	Director of Insurance	<input type="checkbox"/> WV	Commissioner of Insurance
<input type="checkbox"/> MP	Commissioner of Insurance	<input type="checkbox"/> WY	Commissioner of Insurance

Uniform Surplus Lines Consent to Service of Process  
Entity Name:  
Cocode/Alien ID:

**Uniform Surplus Lines Consent to Service of Process  
Exhibit B**

Complete for each state indicated in Exhibit A:

State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address:  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_

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State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address:  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_

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State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address:  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_

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State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address:  
\_\_\_\_\_

Uniform Surplus Lines Consent to Service of Process  
Entity Name:  
Cocode/Alien ID:

Mailing Address: \_\_\_\_\_

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State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_



Uniform Surplus Lines Consent to Service of Process  
Entity Name:  
Cocode/Alien ID:

**Resolution Authorizing Appointment of Attorney**

BE IT RESOLVED by the Board of Directors or other governing body of

\_\_\_\_\_,  
(Entity Name)

that an Officer of said Entity be and are hereby authorized by the Board of Directors and directed to sign and execute the Uniform Surplus Lines Consent to Service of Process to give irrevocable consent that actions **by or on behalf of a surplus lines policyholder or a policy beneficiary when such action or proceeding is brought in the State in which the surplus lines insurance contract was issued or delivered and arises under such surplus lines contract** (in accordance with the terms of this Uniform Surplus Lines Consent to Service of Process) may be commenced against said Entity in the proper court of any jurisdiction in the State(s) as indicated within Exhibit A, in which the action shall arise, or in which plaintiff may reside, by service of process in the State(s) indicated above and irrevocably appoints the officer(s) of the State(s) and their respective successors in such offices or, where applicable, appoints the required agent(s) so designated as its attorney in such States(s), upon whom may be served any notice, process or pleading as required by law in any action or proceeding against said Entity in the States(s) and stipulate and agree that such service of process shall be taken and held in all courts to be as valid and binding as if due service had been made upon said Entity according to the laws of said State.

**CERTIFICATION:**

I, \_\_\_\_\_, Officer of  
\_\_\_\_\_,  
(Entity Name)

state that this is a true and accurate copy of the resolution adopted effective the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by the Board of Directors or governing board at a meeting held on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, or by written consent dated \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Date \_\_\_\_\_

\_\_\_\_\_  
Officer  
\_\_\_\_\_  
Title of Officer

Applicant Company Name: \_\_\_\_\_ NAIC No./Cocode / Alien ID \_\_\_\_\_  
 FEIN: \_\_\_\_\_

**Uniform Certificate of Authority Application (UCAA)**  
**Uniform Surplus Lines Consent to Service of Process**

\_\_\_\_\_ Original Designation \_\_\_\_\_ Amended Designation  
 (must be submitted directly to states)

Applicant Company Entity Name: \_\_\_\_\_

Previous Name (if applicable): \_\_\_\_\_

NAIC Cocode/Alien ID: \_\_\_\_\_

Statutory Home Office Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

NAIC Cocode/Alien ID: \_\_\_\_\_

\_\_\_\_\_ The Applicant Company Entity named above, organized under the laws of \_\_\_\_\_, and regulated under the laws of \_\_\_\_\_ for purposes of complying with the surplus lines laws of the State(s) designated hereunder relating to the holding of a certificate of authority or the conduct of an insurance business within said State(s), pursuant to a resolution adopted by its board of directors or other governing body, hereby irrevocably appoints the officers of the State(s) and their successors identified in Exhibit A, or where applicable appoints the required agent so designated in Exhibit A hereunder and listed in Exhibit B and attached to this consent to service of process as its attorney in such State(s) upon whom may be served any notice, process or pleading as required by law as reflected on Exhibit A in any action or proceeding by (i) by the State(s) designated or (ii) by or on behalf of a surplus lines policyholder or a policy beneficiary when such action or proceeding is brought in the State in which the surplus lines insurance contract was issued or delivered and arises under such surplus lines contract; the State(s) designated or under a surplus lines policy issued to a policyholder whose "Home State" is such State pursuant to Section 3.1 and 9 of the NAIC's Nonadmitted Insurance Model Act (#870) against it in the State(s) so designated; and does hereby consent that any such lawful action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the such State(s) so designated; and agrees that any such lawful process against it which is served under this appointment shall be of the same legal force and validity as if served on the Entity directly. This appointment shall be binding upon any successor to the above named Entity that acquires the Entity's assets or assumes its liabilities by merger, consolidation or otherwise; and shall be binding as long as there is a contract in force or liability of the Entity outstanding in the State. The Entity hereby waives all claims of error by reason of such service. The Entity named above agrees to submit an amended designation form upon a change in any of the information provided on this power of attorney.

**Commented [ATD1]:** CDI Comment #1: Make the following revision in the form: "...Exhibit A, or where applicable appoints the required agent so designated in Exhibit A hereunder and listed in Exhibit B, as its..." Exhibit A serves to list "officers of State(s)" and Exhibit B seems to serve to list "required agents." Reason: to articulate what information is in Exhibit B, and to clarify that the information in Exhibit B is required.

Drafting Group Response: The Drafting Group integrated the suggested language and added the following: "and attached to this consent to service of process"

**Commented [TD2]:** Highlighted language inserted

**Commented [ATD3]:** CDI Comment #3: Make the following revision in the form: "...and proper venue within such State(s)...". Reason: prior to this language, the form makes the following distinction "State(s) designated or under a surplus lines policy issued to a policyholder whose "Home State" is such State." The word "designated" that is proposed to be deleted seems not only unnecessary but it might lead to confusion.

Drafting Group Response: The Drafting Group added the word, "such" however agreed to leave the words, "so designated" within the form.

**Applicant Company Entity Officers' Certification and Attestation**

Uniform Surplus Lines Consent to Service of ProcessEntity Name:Cocode/Alien ID:

~~One of the two Officers (listed below) of the Applicant~~ An officer of the Entity/Company must read the following ~~very carefully~~ and sign:

1. I acknowledge that I am authorized to execute and am executing this document on behalf of the ~~Applicant Company/Entity~~.
2. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the foregoing is true and correct, executed at \_\_\_\_\_.

\_\_\_\_\_  
Date Signature of ~~President~~Officer

\_\_\_\_\_  
Full Legal Name of ~~President~~Officer

\_\_\_\_\_  
Title of Officer

\_\_\_\_\_  
Date Signature of Secretary

\_\_\_\_\_  
Full Legal Name of Secretary

~~Uniform Surplus Lines Consent to Service of Process~~**Exhibit A**

Place an "X" before the names of all the States for which the person executing this form is appointing the designated agent in that State for receipt of service of process with respect to such suits as are specified in this Uniform Surplus Lines Consent to Service of Process:

<u>AL</u> <u>Commissioner of Insurance and</u>	<u>MS</u> <u>Commissioner of Insurance and</u>
<u>Resident Agent</u>	<u>Resident Agent, both required</u>
<u>AK</u> <u>Director of Insurance</u>	<u>MT</u> <u>Resident Agent</u>
<u>AR</u> <u>Resident Agent</u>	<u>NC</u> <u>Commissioner of Insurance</u>
<u>AS</u> <u>Commissioner of Insurance</u>	<u>ND</u> <u>Commissioner of Insurance</u>
<u>AZ</u> <u>Director of Insurance</u>	<u>NE</u> <u>Officer of Company or Resident</u>
	<u>Agent</u>
<u>CA</u> <u>Resident Agent</u>	<u>NH</u> <u>Commissioner of Insurance</u>
<u>CO</u> <u>Resident Agent</u>	<u>NJ</u> <u>Commissioner of Banking and</u>
	<u>Insurance</u>
<u>CT</u> <u>Commissioner of Insurance</u>	<u>NM</u> <u>Superintendent of Insurance</u>
<u>DE</u> <u>Commissioner of Insurance</u>	<u>NV</u> <u>Commissioner of Insurance</u>

## Uniform Surplus Lines Consent to Service of Process

Entity Name:

Coode/Alien ID:

— DC	<u>Commissioner of Insurance, Securities, and Banking or the Local Appointed Agent</u>	— NY	<u>Superintendent of Financial Services</u>
— FL	<u>Chief Financial Officer</u>	— OH	<u>Resident Agent</u>
— GA	<u>Commissioner of Insurance and Safety Fire and Resident Agent</u>	— OK	<u>Commissioner of Insurance</u>
— GU	<u>Commissioner of Insurance</u>	— OR	<u>Resident Agent</u>
— HI	<u>Commissioner of Insurance and Resident Agent</u>	— PA	<u>Commissioner of Insurance</u>
— ID	<u>Director of Insurance</u>	— PR	<u>Commissioner of Insurance</u>
— IL	<u>Director of Insurance</u>	— RI	<u>Director of Insurance</u>
— IN	<u>Commissioner of Insurance</u>	— SC	<u>Director of Insurance</u>
— IA	<u>Commissioner of Insurance</u>	— SD	<u>Director of Insurance</u>
— KS	<u>Commissioner of Insurance</u>	— TN	<u>Commissioner of Insurance</u>
— KY	<u>Secretary of State</u>	— TX	<u>Resident Agent</u>
— LA	<u>Secretary of State</u>	— UT	<u>Commissioner of Insurance</u>
— MA	<u>Commissioner of Insurance</u>	— VA	<u>Clerk of the State Corporation Commission</u>
— MD	<u>Commissioner of Insurance</u>	— VI	<u>Lieutenant Governor/Commissioner</u>
— ME	<u>Resident Agent</u>	— VT	<u>Resident Agent</u>
— MI	<u>Resident Agent</u>	— WA	<u>Commissioner of Insurance</u>
— MN	<u>Resident Agent</u>	— WI	<u>Commissioner of Insurance</u>
— MO	<u>Director of Insurance</u>	— WV	
— MP	<u>Commissioner of Insurance</u>	— WY	<u>Commissioner of Insurance</u>

— AL	<u>Commissioner of Insurance # and Resident Agent*</u>	— MO	<u>Director of Insurance # —</u>
— AK	<u>Director of Insurance #</u>	— MT	<u>Resident Agent*</u>
— AZ	<u>Director of Insurance # ^</u>	— NE	<u>Officer of Company* or Resident Agent* (circle one)</u>
— AR	<u>Resident Agent *</u>	— NH	<u>Commissioner of Insurance #</u>
— AS	<u>Commissioner of Insurance #</u>	— NV	<u>Commissioner of Insurance Commission # ^</u>
— CO	<u>Resident Agent*</u>	— NJ	<u>Commissioner of Banking and Insurance # ^</u>
— CT	<u>Commissioner of Insurance #</u>	— NM	<u>Superintendent of Insurance #</u>
— DE	<u>Commissioner of Insurance #</u>	— NY	<u>Superintendent of Financial Services #</u>
— DC	<u>Commissioner of Insurance and Securities Regulation # or Local Agent* (circle one)</u>	— NC	<u>Commissioner of Insurance</u>
— FL	<u>Chief Financial Officer # ^</u>	— ND	<u>Commissioner of Insurance # ^</u>
— GA	<u>Commissioner of Insurance and Safety Fire # and Resident Agent*</u>	— OH	<u>Resident Agent*</u>
— GU	<u>Commissioner of Insurance #</u>	— OR	<u>Resident Agent*</u>
— HI	<u>Insurance Commissioner # and Resident Agent*</u>	— OK	<u>Commissioner of Insurance #</u>
Co m m ssi	— ID <u>Director of Insurance # ^</u>	— PR	<u>Commissioner of Insurance #</u>

Revised 12/05/2023 05610/30406/20254

## Uniform Surplus Lines Consent to Service of Process

Entity Name:

Cocode/Alien ID:

on er of Ins ur an ce				
IL	Director of Insurance #	RI	Superintendent of Insurance <sup>△</sup>	
IN	Resident Agent* <sup>△</sup>	SC	Director of Insurance #	
IA	Commissioner of Insurance #	SD	Director of Insurance # <sup>△</sup>	
KS	Commissioner of Insurance <sup>△</sup>	TN	Commissioner of Insurance #	
KY	Secretary of State #	TX	Resident Agent*	
LA	Secretary of State #	UT	Resident Agent* <sup>△</sup>	
MD	Insurance Commissioner #	VT	Resident Agent*	
ME	Resident Agent* <sup>△</sup>	VI	Lieutenant Governor/Commissioner#	
MI	Resident Agent *	WA	Insurance Commissioner #	
MN	Resident Agent ~	WV	Secretary of State #	
MS	Commissioner of Insurance and Resident Agent* BOTH are required.	WY	Commissioner of Insurance #	

# — For the forwarding of Service of Process received by a State Officer complete Exhibit B listing by state the entities (one per state) with **full name and address where service of process is to be forwarded**. Use additional pages as necessary. Exhibit not required for New Jersey, and North Carolina. Florida accepts only an individual as the entity and requires an email address. New Jersey allows but does not require a foreign insurer to designate a specific forwarding address on Exhibit B. SC will not forward to an individual by name; however, it will forward to a position, e.g., Attention: President (or Compliance Officer, etc.). Washington requires an email address on Exhibit B.

\* — Attach a completed Exhibit B listing the Resident Agent for the Applicant Company (one per state). Include state name, Resident Agent's **full name and street address**. Use additional pages as necessary. (DC\* requires an agent within a ten-mile radius of the District). (MT requires an agent to reside or maintain a business in MT).

<sup>△</sup> — Initial pleadings only.

MA will send the required form to the Applicant Company when the approval process reaches that point.

**Commented [ATD4]:** CDI Comment #4: In Exhibit A, add an "®" after "Resident Agent" for California (and applicable other states), and then re-insert a variation of the stricken language in its previous location: \* Attach a completed Exhibit B listing the Resident Agent for the Entity (one per state). Include State name, Resident Agent's **full name and street address**.

Drafting Group Response: The Drafting Group discussed and the comment requires further explanation.

Uniform Surplus Lines Consent to Service of Process

Entity Name:

Cocode/Alien ID:

~~Minnesota does not forward Service of Process. Service of Process must be accomplished using the procedures set forth in MN Stat. § 45.028. Applicant Company should complete Exhibit B to provide a resident agent address that Commerce will keep on file. Resident agent must have a Minnesota address.~~

Uniform Surplus Lines Consent to Service of Process

Entity Name:

Cocode/Alien ID:

~~Uniform Certificate of Authority (UCAA)~~  
Uniform Surplus Lines Consent to Service of Process  
Exhibit B

Complete for each state indicated in Exhibit A:

State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_ ~~Fax Number:~~ \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

~~Street Address:~~ \_\_\_\_\_

State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ~~Fax Number:~~ \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

~~Street Address:~~ \_\_\_\_\_

State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ~~Fax Number:~~ \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

~~Street Address:~~ \_\_\_\_\_

State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

**Commented [ATD5]:** CDI Comment #5: In Exhibit B, make the revision below. Reason: Exhibit B seems to serve to list "required agents," which can be entities or individuals. Also, "Street Address" should be reinserted to accommodate states that do not accept P.O. boxes.

Complete for each state indicated in Exhibit A:

State:

Name of Entity Full Name of Resident Agent:

Street Address:

Drafting Group Response: The Drafting Group discussed and the comment requires further explanation

Uniform Surplus Lines Consent to Service of Process

Entity Name:

Cocode/Alien ID:

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

State: \_\_\_\_\_ Name of Entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Exhibit B



Uniform Surplus Lines Consent to Service of Process

Entity Name:

Cocode/Alien ID:

### Resolution Authorizing Appointment of Attorney

BE IT RESOLVED by the Board of Directors or other governing body of

\_\_\_\_\_,  
(Applicant Company/Entity Name)

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, that ~~an Officer the President or Secretary~~ of said Entity be and are hereby authorized by the Board of Directors and directed to sign and execute the Uniform Surplus Lines Consent to Service of Process to give irrevocable consent that actions by or on behalf of a surplus lines policyholder or a policy beneficiary when such action or proceeding is brought in the State in which the surplus lines insurance contract was issued or issued/delivered for delivery and b) arises under such surplus lines contract by a State or by a policyholder whose "home state" is such State under a surplus lines policy issued by or on behalf of the Company/Entity in such State (in accordance with the terms of this Uniform Surplus Lines Consent to Service of Process) may be commenced against said Entity in the proper court of any jurisdiction in the State(s) ~~of as~~ indicated within Exhibit A.

\_\_\_\_\_ in which the action shall arise, or in which plaintiff may reside, by service of process in the state/State(s) indicated above and irrevocably appoints the officer(s) of the state/State(s) and their respective successors in such offices or, where applicable, appoints the required agent(s) so designated as its attorney in such States(s), upon whom may be served any notice, process or pleading as required by law in any action or proceeding against said Entity in the States(s) in the Uniform Surplus Lines Consent to Service of Process—and stipulate and agree that such service of process shall be taken and held in all courts to be as valid and binding as if due service had been made upon said Entity according to the laws of said state/State.

CERTIFICATION:

I, \_\_\_\_\_, ~~Secretary/Officer~~ of

\_\_\_\_\_,  
(Applicant Company/Entity Name)

**Commented [ATD6]:** Industry Comment: While most of the document addresses an Officer instead of a President and Secretary, the Resolution's first paragraph still includes (immediately after the date fields) "... the President or Secretary of said Entity". We recommend this section be amended to "... the undersigned Officer of said Entity ...". Also, as it is apparent the document understandably moves away from the specific titles of President and Secretary (as not all entities may be true corporations that require those positions) in favor of an Officer, we request that the Officer's title be provided at each signature or certification.

Another change was removing the date at the top of page six. Since this is a resolution of the Board of Directors, the relevant adoption dates and official certification by the company's officer are referenced at the bottom of the resolution. Therefore, the additional date at the top of the form seems unnecessary.

Drafting Group Response: The Drafting Group discussed and integrated the proposed edits.

**Commented [ATD7]:** Industry Comment: The trades suggest that the boldfaced words "in such state" are unnecessary and can be removed. Without these words the proposed resolution still accomplishes the twin objectives of allowing suits by States and home state policyholders. Additionally, the genesis of this workstream was a recognition that the existing UCAA Form 12 was ill-fitted for surplus lines carriers who are not licensed to issue policies "in state" and many of whom are alien carriers, such as Lloyd's. For example, Lloyd's policies are traditionally understood to be "issued" in the United Kingdom but "delivered" locally by licensed brokers. This is why "issued or delivered" is such a common description of policy documents in state insurance laws across the country.

Drafting Group Response: The Drafting Group discussed and integrated the proposed edit.

Uniform Surplus Lines Consent to Service of ProcessEntity Name:Cocode/Alien ID:

state that this is a true and accurate copy of the resolution adopted effective the \_\_\_\_\_ day of \_\_, 20  
 by the Board of Directors or governing board at a meeting held on the \_\_\_\_ day of \_\_, 20  
 or by written consent dated \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Date \_\_\_\_\_

\_\_\_\_\_  
Secretary/Officer\_\_\_\_\_  
Title of Officer