

SERVICE OF PROCESS CONSENT & AGREEMENT

(Please type or print all information clearly)

☐ Original Designation ☐ Insurer Name Change ☐ Merger / Acquisition ☐ Update Delivery Information

Insurer or Company Name: _____

Previous Name (if applicable): _____

Home Office Address: _____

City, State, Zip: _____

FEI # _____ FL Company Code _____ Telephone # _____

The entity named above, organized under the laws of the state of domicile, registered to do business in the State of Florida, and holding a certificate of authority to do business in the State of Florida, agrees to appoint the Chief Financial Officer of the State of Florida as the designated individual whom may be served any notice, process, or pleading as required by the laws of the State of Florida, including the Florida Insurance Code. Said entity further agrees to designate the person listed below as the person to whom the Chief Financial Officer shall forward service of process.

The entity also consents to the jurisdiction of any county in the State of Florida for any lawful cause of action following the service of process upon the Chief Financial Officer of the State of Florida. It stipulates that said service of process shall be considered valid and binding upon it and any of its successors as if personal service had been effectuated upon the President or Secretary, or any other duly authorized and accredited officer.

Said entity agrees to submit an amended Service of Process Consent & Agreement if its name changes or if there are any changes as it relates to the designation of the designated person to whom service of process is to be forwarded. The entity shall immediately file a new Service of Process Consent & Agreement with the Chief Financial Officer at the address shown on the bottom of this page.

Designated Individual to Receive Process: _____

E-Mail Address: _____ **Phone #:** _____ **Fax #:** _____

Street Address: _____

Mailing Address: _____

Signature: _____

I hereby consent and agree to the Chief Financial Officer of the State of Florida forwarding service of process for the above-named entity to the designated person named above.

We, the President or Chief Executive Officer and Secretary of said entity, being duly authorized by the Board of Directors or governing body of this entity to execute this document, certify under penalty of perjury under the laws of the State of Florida that all of the foregoing is true and correct, executed at _____.

President or CEO's Signature

President or CEO's Name (Typed or Printed)

Secretary's Signature

Secretary's Name (Typed or Printed)

Any signatures other than the President, CEO, or Secretary for the Company must be validated by the attachment of a resolution of the Board of Directors or governing body of said company delegating the authority to sign for the company.

OIR-C1-144
Effective: 08/26
Rule 69O-136.100, F.A.C.

Service of Process Section
200 East Gaines Street • PO Box 6200 • Tallahassee, FL 32314-6200 • (850) 413-4200 • Fax (850) 922-2544