



Please mail completed form by March 1st to:
Colorado Division of Insurance
Corporate Affairs
1560 Broadway, Suite 850
Denver, CO 80202

POWER OF ATTORNEY TO ACKNOWLEDGE SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS:

That _____,
a corporation, organized and existing under and by virtue of the laws of the State of _____ and
thereby authorized to transact the business of _____ insurance, desiring to transact such
business within the State of Colorado, pursuant to the laws thereof, does, by these presents, make, constitute,
and appoint the Commissioner of Insurance of the State of Colorado and his successors in office, the true and
lawful attorney of such company in and for the State Colorado, upon whom all lawful process against said
company may be served; and the said insurance company, in consideration of the privilege of doing business in
the State of Colorado as aforesaid, does hereby stipulate and agree that any lawful process against said
company which may be served upon said attorney, or in his absence, upon any employee in charge of his office,
shall be of the same legal force and validity, and such service shall be as valid and binding upon said company,
as if such process had been served upon said company in any other manner provided by the laws of the said
State of Colorado; and that said authority to represent said company for the service of process shall continue in
force so long as any liability shall remain outstanding against said company within the State of Colorado.

IN WITNESS WHEREOF, the said company has caused its corporate name to be hereunto subscribed by its
president, attested by its secretary, and its corporate seal to be hereto affixed, at the City of
_____ in the State of _____ on the _____ day of
_____, 20____, all in accordance with a resolution of its Board of Directors (certified
copy whereof is hereto attached) duly adopted on the _____ day of
_____, 20_____.

(Seal)

(President)

Attest:

(Secretary)

Inquiries: email DOI.CorporateAffairs@dora.state.co.us

12/2011

