State of Idaho
DEPARTMENT OF INSURANCE
700 West State Street
Boise, Idaho 83720
Phone (208)334-4250

SURPLUS LINES COMPANIES
DESIGNATION OF LEGAL AGENT

_____, an insurance corporation organized and existing under the laws of the state of _____, does hereby, pursuant to the laws of the state of Idaho, make and execute this power of attorney, and does hereby appoint and designate the Director of the Department of Insurance of the state of Idaho and his/her successor in office its true and lawful attorney in and for the state of Idaho, upon whom all lawful process in any action or proceeding against the company may be served. Any lawful process served upon the said Director of the Department of Insurance or his/her successor in office as such attorney for this company shall be of the same legal force and validity as if served upon the company and this authority shall continue in force as long as any liabilities remain outstanding against the company in the state of Idaho.

IN WITNESS WHEREOF, _____ has caused this certificate and power of attorney to be executed, acknowledged and delivered in its name and on its behalf, at _____ in the state of _____, this _____ day of _____, 20 _____.

By _____
President

ATTEST:

_____
Secretary

State of_____)
)ss.
County of_____)

On this _____ day of _____, in the year 20 _____, before a Notary Public in and for said county and state, personally appeared _____, known by me to be president of _____, (Name of Entity) acknowledged to me that he/she executed the same as president.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this _____ day of _____, 20 _____.

_____
Notary Public in and for the state of _____
Residing at _____
My Commission expires _____

(NOTARY SEAL)