

Consent to Service – Non-Resident Reinsurance Intermediary Manager or Broker

Name of Reinsurance Intermediary Manager or Broker *(enter the same name – business or individual – that you requested your license be issued in)*

A Reinsurance Intermediary Manager or Broker, incorporated and doing business under and by the virtue of the laws of

The State of

The Country of

has applied for registration as a Reinsurance Intermediary Manager or Broker to transact business in the state of Michigan.

Therefore, in compliance with the provisions of Section 500.1153(5) of the Michigan Insurance Code of 1956, as amended, this Reinsurance Intermediary Manager or Broker does hereby make, constitute and appoint the Director of the Department of Insurance and Financial Services of the State of Michigan, or deputies designated by the Director, as its true and lawful attorney in the state of Michigan, on whom all process of laws may be served, in any action or proceeding under current or future laws and statutes of Michigan in which the Reinsurance Intermediary Manager or Broker is a party. Further, we hereby stipulate and agree that any legal process affecting such Reinsurance Intermediary Manager or Broker, served upon the Director, or designated deputy, shall have the same effect as if personally served upon the group and shall remain in force as long as any liability shall remain within the state of Michigan. When process against or affecting the Reinsurance Intermediary Manager or Broker is served on the Director, or designated deputy, a copy of such process shall be mailed to:

Name and Title of Contact Person

Address – Line 1

Address – Line 2

City

State

ZIP Code

Country

IN WITNESS WHEREOF, the group in accordance with a resolution of its board of directors duly passed, a certified copy of which is hereto attached, has caused the same to be subscribed and signed in accordance with the bylaws of the company and the resolution of the board of directors thereof, authorizing the same, at

The City of _____ in the State of _____

In the Country of _____ on the _____ day of _____ A.D. 20_____

Signature of President

Signature of Secretary

Attach certification from the board of directors approving the above consent to service.

PA 218 of 1956 as amended requires submission of this form by Non-Resident Reinsurance Intermediary Managers or Brokers applying for admission to Michigan. Failure to complete and submit this form properly could result in denial of your application.

When complete, send with FIS 0845 Application for Reinsurance Intermediary Manager OR FIS 2274 Application for Reinsurance Intermediary Broker to:

DIFS Insurance Licensing
P.O. Box 30165
LANSING, MI 48909-7665



Michigan Department of Insurance and Financial Services

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