



**STATE OF MAINE
Bureau of Insurance**

34 State House Station
Augusta, ME
04333-0034

**APPOINTMENT OF RESIDENT AGENT TO RECEIVE
SERVICE OF PROCESS**

Name of Risk Retention Group	Company's State of Maine Registration # (should be left blank if new Applicant)
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Name of Agent to Receive Service of Process (Must be an agent located in Maine)		Business Phone
Street Address of Agent	City	Zip

The above risk retention group duly organized under and by virtue of the laws of the State of _____ with its principal place of business in _____, State of _____, being authorized to transact business in the State of Maine, hereby appoints the above, pursuant to 24-A M.R.S.A. Chapter 72-A §6095 (1) C, to serve as its agent to receive service of legal process issued against it in the State of Maine. The forenamed agent is hereby authorized and empowered to receive and accept such service of process and such service shall be taken and held as valid as if served upon the company as attested to by the enclosed Board of Directors Resolution.

Signature of Principal Officer

Type or Print Name of Principal Officer

Title