

Multiple Employer Welfare Arrangement Service of Process Form

THE STATE OF _____

COUNTY OF _____ KNOW ALL MEN BY THESE PRESENT:

THAT THE _____

(Multiple Employer Welfare Arrangement)

of _____ does hereby nominate, constitute and appoint
(domiciliary state)

{MEWA Name} hereby appoints the commissioner of insurance, located at 1601 Congress Ave., Austin, Texas 78701, as its resident agent for service of process under Texas Insurance Code Section 846.059. All process or pleadings in any civil suit or action against {MEWA Name} may be served on the commissioner as though served on {MEWA Name} directly. {MEWA Name} waives all claims of error by reason of this appointment and admits or agrees that this appointment of the commissioner of insurance as its resident agent for service of process will be taken and held as valid and sufficient as though served directly on {MEWA Name}. This appointment will continue for as long as any liability remains outstanding against {MEWA Name} pertaining to any such matters.

WITNESS out hands and the impress of the seal of said company, this _____ day of _____, 20_____.

(Corporate Seal)

Trustee or President

Trustee or Secretary

THE STATE OF _____

COUNTY OF _____

BEFORE ME, _____ on this day personally appeared both known to me to be the persons whose names are subscribed to the foregoing instrument, and acknowledged to me that they executed the same for the purposes and considerations therein expressed, in the capacities therein stated, and as the act and deed of said entity.

IN TESTIMONY WHEREOF, I hereunto sign my name and affix the impress of my official seal this _____ day of _____, 20_____.

Notary Public in and for _____
County, State of _____
My commission expires _____