Name of Group		
Address of Group's Principal Place of Business	City	State Zip Code
The above-named Group authorized to transact liability	insurance under the Federal Li	ability Risk Retention Act of 1986 and
Chapter 26.1-46 of the North Dakota Century Code, dor hereby constitute, designate and appoint the Insurance office, as its true and lawful agent to receive legal docum of North Dakota. This appointment shall be irrevocable, to the assets and liabilities of the Group and shall remain or certificate insuring any member of the Group in the State of North Dakota.	Commissioner of the State of Nonents and service of process is shall be binding upon the Groun in full force and effect for so I	ssued against said Group in the State up, and its successors in interest, as ong as there is in force any contract
The Group hereby designates the following person as the shall be forwarded by the Insurance Commissioner:	ne person to whom legal docum	nents and process against it served
Name		
Title	Company or Group Name	
IN WITNESS WHEREOF, the said Group has caused th, 20	is appointment to be duly exec	cuted this day of
(President, Chief Executive Officer, Secretary, Partner, Trustee, or title of the officer or party who under the organization of the group has authority to bind the group with his signature)	Title	
OTATE OF	executed before n	trument was acknowledged and ne this day of
STATE OF)		
COUNTY OF)ss	Notary Public	, 20·