

CERTIFICATE OF DESIGNATION BY CAPTIVE INSURER

*This is to Certify that the _____
a captive insurance company in the State of New York, hereby designates:*

(name)

(post-office address)

(city, town or village)

(state & zip code)

as its officer, agent or other person to whom shall be forwarded all lawful process served, pursuant to the Insurance Law of the State of New York, upon the Superintendent of Financial Services of said State, his successors in office, or any deputy superintendent. This designation shall continue in full force and effect until superseded by a new designation.

In Witness Whereof, The said _____
In accordance with the resolution of its Board of Directors duly passed on the __ day of _____, 20____, has to these presents affixed its corporate seal, and caused the same to be subscribed and attested by its President and Secretary, at the City of _____ in the State of _____, on the _____ day of _____, 20 _____

President

Secretary

*State of _____)
County of _____)*

SS:

On this _____ day of _____, 20____, before me, the subscriber, a _____, duly appointed to the proof and acknowledgment of deeds and other instruments, came _____, President, and _____, Secretary of the _____ to me personally known to be the individuals described in and who executed the preceding instrument; and they each duly acknowledged the execution

of the same, and being by me each duly sworn, severally and each for himself, deposed and, said, that they were the said officers of the _____, aforesaid, and that the seal affixed to the preceding instrument was the corporate seal of the said _____ and that the said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority and direction of the said _____.

In Testimony Whereof, I have hereunto set my hand and affixed my official seal at the City of _____ the day and year first above written.
