Commonwealth of Kentucky • Department of Insurance • 215 West Main Street • P.O. Box 517 • Frankfort, KY 40602 502-564-6082 • FAX 502-564-4604

APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE

The _______, a Risk Retention Group (called the Group) duly organized under the laws of the State of _______, a appoints the Secretary of State of the Commonwealth of Kentucky and his or her successors in office, to be its lawful attorney upon whom all legal process in any action or proceeding against it shall be served and further agrees that any have the same legal validity as if served personally upon the Group.

The Group gives the Secretary of State and his or her successors, full authority to do every act necessary to be done under this appointment as fully as the Group could do if personally present, and ratifies all that the Secretary of State shall lawfully do under the power granted by this appointment. This authority may be withdrawn only upon a written notice of revocation and in any case shall continue in effect so long as any liability arising out of this appointment remains outstanding in the state. This instrument is executed pursuant to and shall be construed to constitute full compliance with Section 3(a)(1)(D) of the Liability Risk Retention Act of 1986.

The Group designates	whose	address

is ______as the person to whom process against the Group served upon the Secretary of State shall be forwarded.

IN WITNESS OF THIS APPOINTMENT, the Group, pursuant of a resolution duly adopted by its Board of Directors, has caused this instrument to be executed in its name by its President and Secretary, and its corporate seal to be affixed to it at the City of ______, state of ______, this day of ______,

20_____.

Attest:

Secretary

Name of Risk Retention Group

By

President

FORM 970 Updated 10/2015