



Texas Department of Insurance

Financial, Company Licensing & Registration, Mail Code 305-2C

333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104

512-322-3507 telephone • 512-322-3550 fax • www.tdi.state.tx.us

Form RRG/PGC1

APPOINTMENT OF COMMISSIONER AS AGENT

The State of _____

County of _____

KNOW ALL MEN BY THESE PRESENTS, that the _____ (Full Name of Risk Retention/Purchasing Group)

_____ of _____ (Domiciliary Jurisdiction)

does hereby nominate, constitute and appoint the COMMISSIONER OF INSURANCE OF THE STATE OF TEXAS, his successor or his duly appointed designee, 333 Guadalupe Street, Austin, Texas 78701 the true and lawful ATTORNEY of said Group, for said State of Texas, and to acknowledge service of legal process issued by any court of the State of Texas for and on behalf of said Group, or on whom service of process may be had, according to the laws of said State of Texas, hereby waiving all claim or right of error by reason of such acknowledgement of such service of process, whether intermediate or final. And it is hereby admitted and agreed that such acknowledgement of service of process of aforesaid shall be taken and held to be as valid and sufficient in the behalf as if served upon the Group according to the laws of said State of Texas, or any other State.

WITNESS my hand this _____ day of _____, 20_____.

Authorized Representative

Title

The State of _____

County of _____

Before me, _____ notary public in and for the State of _____ on this day (Insert Name of Notary)

personally appeared _____ known to me (or proved to me) on the (Name and Position of Officer)

oath of _____, or through _____, (Description of Identity Card or Other Document)

to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that (s)he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20_____.

(NOTARY SEAL)

Notary Signature