STATE OF NORTH CAROLINA DEPARTMENT OF INSURANCE ADMINISTRATOR'S POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That the	(Company) of the					
City of	and the State of (Company) of the siness as an Administrator, pursuant to the provisions of Article 56 of					
desiring to transact business as an Adi	ministrator, pursuant to the provisions of Article 56 of					
Chapter 58 of the General Statutes of	f North Carolina, in the State of North Carolina, in					
,	es hereby make, constitute, and appoint the Insurance					
	olina, or his or her successor in office, its true and lawful					
	North Carolina, upon whom all processes of law against					
	proceeding may be served, subject to and in accordance					
•	d laws of said State of North Carolina now in force, and					
•	sed amendatory thereof and supplementary thereto; and					
1 7 7 1 7	y agree that any and all lawful processes against it which imissioner, or his or her successor, shall be deemed valid					
ž .	and that this authority shall continue in force and be					
1 1 1	e said company remains outstanding in the said State of					
	or since the making and execution of this instrument.					
	• · · · · · · · · · · · · · · · · · · ·					
	IN WITNESS WHEREOF, The said company,					
	in accordance with a resolution of its Board of					
	Directors, duly passed on the day of					
	, 20(a certified copy of which					
	is hereto attached), 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					
(SEAL)	State of, on the, 20					
(82.12)	, 20					
	D 11					
	President					
	Connetowy					
	Secretary					

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TPAPOA.09.08.00

Certified copy of resolution passed by the Board	of Directors of the
20	(Company), on theday of,
20	
At a meeting of the Board of Directors of (Company), held on theday of a quorum of said Board was present, and on mot said Board:	the, 20, at the offices of the Company ion the following resolution was duly passed by
Carolina, in conformity with the laws thereof, do under the corporate seal of the Company, to Commissioner of the State of North Carolina, or attorney in and for said State of North Carolina corporation in any action or legal proceeding mall the provisions of the statutes and laws of said such other acts as may be hereafter passed ame for said Company to agree that any and all lawfu said Insurance Commissioner, or his or her such upon said Company and shall be of the same for and that this authority shall continue in force are	g to transact business in the State of North bes hereby authorize the President and Secretary, or make, constitute and appoint the Insurance his or her successor in office, its true and lawful as, upon whom all processes of law against said any be served, subject to and in accordance with id State of North Carolina now in force, and all endatory thereof and supplementary thereto, and all processes against it which may be served upon accessor, shall be deemed valid personal service and validity as if served upon said Company, and be irrevocable so long as any liability of said forth Carolina, whether incurred before or since
I,	th the original in this office, and that the same is
(SEAL)	IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the corporate seal of said Company, this day of, A.D. 20
	Secretary

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STATE OF				
COUNTY OF				_
Public for the State of acknowledgment of d	feeds and other in	struments, ca	me	_, before me, the subscriber, a Notary _ duly appointed to take the proof and, President and
(Company), to me per preceding instrument, me each sworn, sever officers of the afores corporate seal of said	ersonally known, and they each dally and each for aid Company, and Company; and	to be the induly acknowled himself or head that the set that the said	dividual edge the erself de eal affix de corpor	Is described in and who executed the e execution of the same; and being by eposeth and saith that they are the said ked to the preceding instrument is the trate seal and their signatures as such ament by the authority and direction of
	i			nd and affixed my official seal, at the, the day and
Notary Public				
(SEAL)				
My Commission Expi	ires:			