

*****NOTE: TO BE COMPLETED BY NON-DOMESTIC COMPANIES ONLY*****

**STATE OF NORTH CAROLINA
DEPARTMENT OF INSURANCE
PHARMACY BENEFIT MANAGER (PBM)
POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS:

That the _____ (Company) of the City of _____ and the State of _____, desiring to transact business as an PBM, pursuant to the provisions of Article 56A of Chapter 58 of the General Statutes of North Carolina, in the State of North Carolina, in conformity with the laws thereof, does hereby make, constitute, and appoint the Insurance Commissioner of the State of North Carolina, or his or her successor in office, its true and lawful ATTORNEY in and for the said State of North Carolina, upon whom all processes of law against such corporation in any action or legal proceeding may be served, subject to and in accordance with all the provisions of the statutes and laws of said State of North Carolina now in force, and such other acts as may be hereafter passed amendatory thereof and supplementary thereto; and said company does and hereby expressly agree that any and all lawful processes against it which may be served upon said Insurance Commissioner, or his or her successor, shall be deemed valid personal service upon said company; and that this authority shall continue in force and be irrevocable so long as any liability of the said company remains outstanding in the said State of North Carolina, whether incurred before or since the making and execution of this instrument.

(SEAL)

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 State of _____, on the _____ day of _____, 20____.

President

Secretary

Certified copy of resolution passed by the Board of Directors of the _____
_____(Company), on the ____ day of _____,
20__.

At a meeting of the Board of Directors of the _____
(Company), held on the _____ day of _____, 20__, at the offices of the Company
a quorum of said Board was present, and on motion the following resolution was duly passed by
said Board:

“Resolved, that this Company, desiring to transact business in the State of North Carolina,
in conformity with the laws thereof, does hereby authorize the President and Secretary, under the
corporate seal of the Company, to make, constitute and appoint the Insurance Commissioner of
the State of North Carolina, or his or her successor in office, its true and lawful attorney in and for
said State of North Carolina, upon whom all processes of law against said corporation in any action
or legal proceeding may be served, subject to and in accordance with all the provisions of the
statutes and laws of said State of North Carolina now in force, and all such other acts as may be
hereafter passed amendatory thereof and supplementary thereto, and for said Company to agree
that any and all lawful processes against it which may be served upon said Insurance
Commissioner, or his or her successor, shall be deemed valid personal service upon said Company
and shall be of the same force and validity as if served upon said Company, and that this authority
shall continue in force and be irrevocable so long as any liability of said Company remains
outstanding in the State of North Carolina, whether incurred before or since the making and
execution of this instrument.”

I, _____, Secretary of the _____
(Company) of _____ do hereby certify that the foregoing
copy of the resolution of said Company, authorizing the appointment of an attorney for the State
of North Carolina, has been compared by me with the original in this office, and that the same is a
true and correct copy thereof, and of the whole of such original.

(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

STATE OF _____

COUNTY OF _____

On this ____ day of _____, A.D., 20____, before me, the subscriber, a Notary Public for the State of _____ duly appointed to take the proof and acknowledgment of deeds and other instruments, came _____, President and _____, Secretary of the _____ (Company), to me personally known to be the individuals described in and who executed the preceding instrument, and they each duly acknowledge the execution of the same; and being by me each sworn, severally and each for himself or herself depose and saith that they are the said officers of the aforesaid Company, and that the seal affixed to the preceding instrument is the corporate seal of said Company; 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 said corporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal, at the City of _____ in the State of _____, the day and date first above written.

Notary Public

(SEAL)

My Commission Expires: _____