

*****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:

I _____ hereby certify that I am a member, manager and/or company official of _____, LLC, and have been authorized on behalf of _____, LLC and in conformance with the operating plan of _____, LLC to appoint the Insurance Commissioner of the State of North Carolina, or his or her successors in office, its true and lawful ATTORNEY in and for the State of North Carolina, upon whom all processes of law against _____, LLC in any action or legal proceeding may be served, subject to and in accordance with all the provisions of the statutes in force, and such other acts that may be hereafter enacted amending thereof and supplementary thereto; and said _____, LLC 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 _____, LLC; and that this authority shall continue in force and be irrevocable so long as any liability of said _____, LLC remains outstanding in the said State of North Carolina, whether incurred before or since the making and execution of this document.

Name & Title (Print): _____

Signature _____

_____, LLC

Notary Certification

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: _____