



**COLORADO**

**Department of  
Regulatory Agencies**

Division of Insurance

**POWER OF ATTORNEY TO ACKNOWLEDGE SERVICE OF PROCESS  
VIATICAL SETTLEMENT PROVIDER**

KNOW ALL MEN BY THESE PRESENTS:

That \_\_\_\_\_  
(Provider Name)

a corporation, organized and existing under and by virtue of the laws of the State of \_\_\_\_\_ and thereby authorized to transact the business of a viatical settlement provider, desiring to transact such business within the State of Colorado, pursuant to the laws thereof, does, by these presents, make constitute and appoint the Commissioner of Insurance of the State of Colorado and his successors in office, the true and lawful attorney of such company in and for the State of Colorado, upon whom all lawful process against said company may be served; and the said viatical settlement provider, in consideration of the privilege of doing business in the State of Colorado as aforesaid, does hereby stipulate and agree that any lawful process against said company which may be serviced upon said attorney, or in his absence, upon any employee in charge of his office, shall be of the same legal force and validity, and such service shall be as valid and binding upon said provider as if such process had been serviced upon said provider in any other manner provided by the laws of the said State of Colorado; and that said authority to represent said provider for the service of process shall continue in force so long as any liability shall remain outstanding against said company within the State of Colorado.

IN WITNESS WHEREOF, the said provider has caused its corporate name to be hereunto subscribed by its president, attested by its secretary, and its corporate seal to be hereto affixed, at the City of \_\_\_\_\_ in the State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, all in accordance with a resolution of its Board of Directors (certified copy whereof is hereto attached) duly adopted on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(President)

Attest:

\_\_\_\_\_  
(Secretary)

Please mail the completed form to:  
Colorado Division of Insurance  
Corporate Affairs  
1560 Broadway, Suite 850  
Denver, CO 80202

Email inquiries to: [DORA\\_INS\\_CORPORATEAFFAIRS@STATE.CO.US](mailto:DORA_INS_CORPORATEAFFAIRS@STATE.CO.US)