

JOHN W. OXENDINE
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN COMMISSIONER
COMPTROLLER GENERAL



SEVENTH FLOOR, WEST TOWER
FLOYD BUILDING
2 MARTIN LUTHER KING JR. DR.
ATLANTA, GA 30334
(404) 656-2056 TDD#(404) 656-4031

Rev. Date: 11/01

Form No.: GID-3

OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

APPOINTMENT OF ATTORNEY-IN-FACT BY INSURER

KNOW ALL MEN BY THESE PRESENTS, That the

_____ Insurance Company of
_____ State of _____ does hereby make, constitute and appoint

(Name of Appointee – MUST BE AN INDIVIDUAL)

*Business Address:

(Street) (City) (State) (Zip) (County)

*Home Address:

its true and lawful Attorney in and for the State of Georgia, on whom all process of law, whether mesne or final, against said Company may be served in any action or special proceedings against said Company in the State of Georgia, subject to and in accordance with all the provisions of the statutes and laws of said State of Georgia now in force, and such other Acts as may be hereafter passed amendatory thereof and supplementary thereto; and the said Attorney is duly authorized and empowered as the Agent of said Company to receive and accept service of process in all cases as provided by the laws of the State of Georgia, and such service shall be deemed valid personal service upon said Company.

President

Secretary

(Seal)

State of _____
County of _____

BE IT REMEMBERED, That on the _____ day of _____, 20____, before me personally appeared _____, President of the above named Corporation, who being duly sworn, deposes and says that he was personally present at the execution of the above Power of Attorney and saw the Common Seal of the said Corporation of the _____ Insurance Company duly fixed thereto, and that the above Power of Attorney was duly signed, sealed and delivered by, as and

for the Act and Deed of the said _____
Insurance Company for the uses and purposes therein mentioned, and that the name of this deponent subscribed to said Power
of Attorney as President of said Corporation is of this deponent's own handwriting, and that the name of
_____ subscribed to said Power of Attorney as Secretary of said
Corporation in attestation of the due execution and delivery of said Power of Attorney is of his own proper handwriting.

Sworn to and subscribed before me _____

This _____ day of _____, 20 _____.

Notary Public

* Post Office Box Not Acceptable

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IMPORTANT NOTICE

TO: ALL INSURANCE COMPANIES AUTHORIZED TO DO BUSINESS IN GEORGIA
RE: FORM GID-3 - APPOINTMENT OF ATTORNEY-IN-FACT BY INSURER

Section 33-4-3(1) of the Georgia Insurance Code states that each insurer shall file with the Commissioner a Power of Attorney appointing a **person who is a resident of this State** to receive service of process. Such power of attorney shall be irrevocable and may only be terminated by the filing of a new appointment by the insurer.

THE STREET, NUMBER AND NAME, ALONG WITH THE CITY AND RESPECTIVE COUNTY, MUST BE SHOWN FOR BOTH THE BUSINESS AND HOME ADDRESS. PLEASE DO NOT LEAVE EITHER SPACE BLANK.

POST OFFICE BOX IS NOT ACCEPTABLE FOR EITHER.