

STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE  
APPOINTMENT OF AGENT AND ATTORNEY FOR CALIFORNIA  
CDI-076 (Rev. 12/2015)

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KNOW ALL MEN BY THESE PRESENTS:

That \_\_\_\_\_ of \_\_\_\_\_ in the  
(Name of Organization or Group)  
State of \_\_\_\_\_, desiring to conduct operations as a  
\_\_\_\_\_ in the State of California in conformity with  
(Advisory Organization; Joint Underwriting and/or Joint Reinsurance Group)  
Chapter 9, Part 2, Division 1 of the Insurance Code thereof, has constituted, appointed and designated,  
and by these presents does constitute, appoint and designate \_\_\_\_\_ a  
resident of the State of California and having his place of business at \_\_\_\_\_, State of  
California, to be its true and lawful agent and attorney, in and for the State of California, upon whom  
notices or orders of the Insurance Commissioner or process affecting such organization or group may be  
served.

And the said \_\_\_\_\_ hereby stipulates and agrees  
(Name of Organization or Group)  
that any notices or orders of the Insurance Commissioner or lawful process affecting it which is served on  
its said agent and attorney shall be of the same legal force and validity as if served on, and shall give  
jurisdiction over the person of, said \_\_\_\_\_ and  
(Name of Organization or Group)  
and that this appointment and designation, and the powers delegated hereunder, shall terminate only upon  
the filing with the Insurance Commissioner of an appointment of another California resident as agent and  
attorney, under the provisions of Chapter 9, Part 2, Division 1 of the California Insurance Code, upon  
whom notices or orders of the Insurance Commissioner or process affecting said organization or group  
may be served; otherwise, this appointment to continue in force irrevocable.

IN WITNESS WHEREOF, the said \_\_\_\_\_ has to these  
(Advisory Organization; Joint Underwriting and/or Joint Reinsurance Group)  
presents affixed its seal and caused its name to be subscribed and attested to by its  
\_\_\_\_\_ and \_\_\_\_\_ at \_\_\_\_\_  
(Title of Officer) (Title of Officer)  
State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
(Name of Advisory Organization; Joint Underwriting and/or Joint Reinsurance Group)

By: \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Title of Officer)

Attest: \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Title of Officer)

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To be completed, dated and signed by agent before this is filed with Insurance Department.

**AGENT'S ACCEPTANCE OF APPOINTMENT**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

I, \_\_\_\_\_, the appointee named on the obverse side hereof, do hereby certify under penalty of perjury that I am the individual named therein, that I maintain an office or residence at the address shown thereon, and that I shall be reasonably available during business hours at such place for service on me for the appointing entity of papers, notice, proofs of loss, summons, writs or other process. I further agree that in the event the address or location of my said office or residence is changed during the existence of this appointment, I will promptly give notice thereon in writing to the Insurance Commissioner and to the appointing entity.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature