

**Individual**

POWER OF ATTORNEY

For Appointment of Agent by a Reciprocal Doing Business in Virginia under Chapter 12, Title 38.2 of the Code of Virginia

KNOW ALL MEN BY THESE PRESENTS:

That the subscribers of the \_\_\_\_\_, a reciprocal organized and existing under the laws of \_\_\_\_\_ by their duly authorized attorney-in-fact, acting under and pursuant to the provisions of Section 38.2-1216 of the Code of Virginia, have agreed and by these presents do agree that upon and after the issuance, by the State Corporation Commission, of a license permitting the reciprocal to transact business in the Commonwealth of Virginia, any action or suit against the reciprocal, its subscribers or their attorney-in-fact, arising out of or on account of any policy, contract or agreement for insurance in the reciprocal, may be brought in the city or county in which the cause of action arises or the claimant resides.

And the subscribers of the \_\_\_\_\_, by their duly authorized attorney-in-fact, have further made, constituted and appointed, and by these presents do make, constitute and appoint the Clerk of the State Corporation Commission and his successor or successors in the office, to be their true and lawful agent and attorney-in-fact for the period of their license upon whom all legal process against the reciprocal, its subscribers or their attorney-in-fact, in all actions or suits arising out of or on account of policies, contracts or agreements of insurance in the reciprocal, may be served, which service shall be valid and binding upon all subscribers exchanging at any time reciprocal insurance contracts through the attorney-in-fact whose name is affixed hereto, or its duly appointed successor.

IN WITNESS WHEREOF, \_\_\_\_\_, the duly authorized attorney-in-fact of the \_\_\_\_\_, acting for the subscribers of the reciprocal, has executed this power of attorney in duplicate, by affixing hereto the name or designation of the reciprocal and his own name as attorney-in-fact, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of Attorney-in-Fact)

\_\_\_\_\_  
(Mail Address)

STATE OF \_\_\_\_\_

CITY (OR COUNTY) OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public in and for the city (or county) aforesaid, hereby certify that \_\_\_\_\_, whose name as attorney-in-fact is signed to the foregoing power of attorney has acknowledged the same before me in my city (or county) aforesaid.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My Commission expires \_\_\_\_\_

Notary Seal