

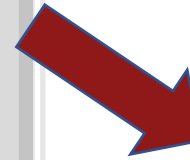


NEW MEXICO | OFFICE OF  
SUPERINTENDENT  
OF INSURANCE

## Electronic Service of Process Portal Guide

# Registration for Requestors

- Fill out all required fields within the New User Registration Page. You are either a Law Firm User or Other User.
- Once you hit register you will receive an email letting you know your registration is pending approval from the Office of Superintendent of Insurance.
- Once your registration is approved you will be able to submit a Service.



## New User Registration

Please enter your information below.

User Personal Information

<b>First Name *</b> Enter First Name	<b>Middle Name</b> Enter Middle Name	<b>Last Name *</b> Enter Last Name
<b>User Type *</b> Select User Type	<b>Phone *</b> Enter Phone Number	
<b>Company ID</b> Enter Company ID	<b>Name of the Firm/Company *</b> Enter Name of the Firm/Company	
<b>Postal Address of the Firm/Company *</b> Enter Mailing Address		
<b>City *</b> Enter City	<b>State *</b> Select State	<b>Zip Code *</b> Enter Zip Code



## Login

Email Address  
Password

I'm not a robot

[Forgot Password](#) [Sign In](#) [Register](#)

Security Information

**Email (For Login) \***  
Enter Email Address

**Password \***  
Enter Password

**Password (Again) \***  
Enter Password Again

**Password Rules**  
Password must be at least eight characters long.  
Password must contain at least one upper, one lower and one numeric character.  
Password can not contain words that can be found in a dictionary.  
Password must contain at least one special characters. (eg -, +, !, &, \$, or ?)  
Password needs to be changed every 60 days.

I'm not a robot

[Cancel](#) [Register](#)

# Creating and Submitting a Service

SOPS

Search SOP

SOP ID:  Court Case Number:  Plaintiff:  Defendant:

Insurance Company Served:  Law Firm Name:

Start

SOPS

SOP ID	Law Firm	Court Case Number	Insurance Served	Status	Submit Date	OSI Acceptance Date	Insurance Acceptance Date
000041		123CPL			06/30/2021		

Showing 1 to 1 of 1 entries

Start New SOP

Create SOP

SOP Information

First Name: Nivedita, Last Name: Dan, Law Firm's Name: Dan's Law Firm, Postal Address: 10110 FAIRBANKS RD-NC

Court Case Number:  Plaintiff:  Defendant:  Insurance Company Served:

County:  Court:  Sop Type:

Save

- Click on Section labeled “View SOP”, at the bottom on this page it will say “Start New SOP”
- Fill in required fields and hit save.
- Upload all documents for this case. Please note you **cannot** upload multiple of the exact same document.
- After uploading, please review and double check all information is correct, you **will not** be able to go back and edit your service after submission.
- The Office of Superintendent of Insurance will review and Approve or Reject your service.
- You will receive email updates for every step of this process.

Upload Document

Documents

\*Required

SOP Documents

Upload

Back Next

SOP Review

SOP Information

SOP ID	Law Firm's Name	Postal Address	Court Case Number	Insurance Company Served	Submit Date
44		1017 W College Blvd., Roswell, New Mexico, 88203		AETNA	

County: Taos, Court: Taos Municipal Court, Plaintiff:  Defendant:  Status: Draft - Pending

Documents

\*Required

SOP Documents

SOP Document.pdf

Upload

Back Submit

# Payment

## SOP Review

### SOP Information

SOP ID	Law Firm's Name	Postal Address	Court Case Number	Insurance Company Served
60		1017 W. College Blvd., Roswell, New Mexico		
County	Court	Plaintiff	Defendant	Status
				InsuranceCompanyAcceptance - Pending

### Documents

#### \*Required

#### SOP Documents

All Lines and square.pdf [View](#) [Download](#)

#### SOP Acceptance Documents

[Back](#) [Accept](#)

- You will receive an email to make a payment via ACH/wire transfer.
- Paper checks will still be accepted, once your Service is approved you can mail in a check to our office. With each check, please make sure your cover letter has the SOPID and Court Case Number.

# Certificate of Acceptance

- From the “View SOPs” tab you will be able to see each service you have submitted.
- This screen will also let you know the status of your Service.
- The OSI Acceptance Date is the date we approved and forwarded your documents.
- The Insurance Acceptance date shows the day your Service was accepted by the Insurance Company and the day your Certificate of Accepted was Generated.

**MAIN NAVIGATION**

- View SOPs
- Create SOP
- Upload Documents
- SOP Review
- User Settings

## SOPs

SOPs

Search SOP

**SOP Id**  **Court Case Number**  **Plaintiff**  **Defendent**

**Insurance Company Served**  **Law Firm Name**

SOPs

Show  entries

Search:

SopId	Law Firm	Court Case Number	Insurance Served	Status	Submit Date	OSI Acceptance Date	Insurance Acceptance Date
000041			123CPL		06/30/2021		

Showing 1 to 1 of 1 entries

First Previous  Next Last

# Registration for Insurance Companies Being Served

- Fill out all required fields within the New User Registration Page. User type is Insurance Company.
- Once you hit register you will receive an email letting you know your registration is pending approval from the Office of Superintendent of Insurance.
- Once your registration is approved you will be able to accept Service.

### New User Registration

Please enter your information below.

**User Personal Information**

<b>First Name *</b>	<b>Middle Name</b>	<b>Last Name *</b>
<input type="text" value="Enter First Name"/>	<input type="text" value="Enter Middle Name"/>	<input type="text" value="Enter Last Name"/>

**User Type \***

**Phone \***

**Company ID**


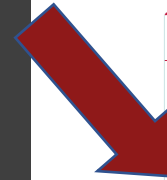
**Name of the Firm/Company \***

**Postal Address of the Firm/Company \***


**City \***

**State \***

**Zip Code \***



### Login

I'm not a robot 

[Sign In](#) [Register](#)

[Forgot Password](#)

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### Security Information


**Email (For Login) \***

**Password \***

**Password (Again) \***

**Password Rules**

- Password must be at least eight characters long.
- Password must contain at least one upper, one lower and one numeric character.
- Password can not contain words that can be found in a dictionary.
- Password must contain at least one special characters, (eg, -, +, !, &, \$, or ?)
- Password needs to be changed every 60 days.

I'm not a robot 

[Cancel](#) [Register](#)

# Insurance Companies Accepting a Service

## SOP Review

### SOP Information

SOP ID	Law Firm's Name	Postal Address	Court Case Number	Insurance Company Served
60		1017 W College Blvd., Roswell, New Mexico, 88203		
County	Court	Plaintiff	Defendent	Status
				InsuranceCompanyAcceptance - Pending

### Documents

#### \*Required

#### SOP Documents

All Lines and square.pdf [View](#) [Download](#)

#### SOP Acceptance Documents

[Back](#) [Accept](#)

- You will receive an email letting you know that you have received a Service.
- Once you log into the portal you will see each service listed in the “View SOPs” screen.
- Please click on each Service number to get full detail and documents.
- Once you approve the Office of Superintendent will be notified.