

State of Delaware



Department of Insurance

Bureau of Captive and Financial Insurance Products

DESIGNATION OF PERSON TO RECEIVE DELAWARE REGULATIONS, BULLETINS, DIRECTIVES AND NOTICE OF REGULATORY PROCEEDINGS

TO: THE INSURANCE COMMISSIONER OF THE STATE OF DELAWARE

(NAME OF COMPANY)

hereby designates the following person to receive from the Delaware Department of Insurance copies of Regulations, Bulletins, Directives, and Notice of Regulatory Proceedings:

NAME OF DESIGNEE: _____

TITLE: _____

ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

NAIC #: _____ STATE OF INCORPORATION: _____

WITNESS my hand and seal of the Company affixed hereto this _____ day of _____ 20____.

(SEAL) BY: _____

TITLE: _____