

OFFICE OF THE
COMMISSIONER



STATE OF DELAWARE
DEPARTMENT OF INSURANCE

**DESIGNATION OF PERSON TO RECEIVE DELAWARE
REGULATIONS, BULLETINS, DIRECTIVES AND
NOTICE OF REGULATORY PROCEEDINGS FORM D-2**

TO: THE INSURANCE COMMISSIONER OF THE STATE OF DELAWARE

(NAME OF COMPANY)

hereby designates the following as the 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: (____) _____

EMAIL ADDRESS: _____

FEIN #: _____ NAIC #: _____

STATE OF INCORPORATION: _____

Attested to this ____ day of _____, 20____.

OFFICER NAME (printed): _____

TITLE: _____

SIGNATURE: _____

FORM D-1, REVISED 8/10/2021