

Office of the
Commissioner



State of Delaware
Department of Insurance

**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: _____

EMAIL ADDRESS: _____

PHONE: _____ FAX: _____

NAIC #: _____ STATE OF INCORPORATION: _____

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

(SEAL)

BY: _____

TITLE: _____

Form H-4