



REINSURANCE INTERMEDIARY ANNUAL RENEWAL FORM

Company Name: _____

Address: _____

Phone: _____ Fax: _____

FEIN: _____ License No: _____

Check No. _____ \$100.00 Renewal Fee: _____

Certificate of Good Standing from Home State

COMPLETED BY:

Printed Contact Name: _____

Signature: _____

Title: _____

Address: _____

Phone: _____ Fax: _____ E-Mail Address: _____

Date: _____

Please send to the attention of: **BERG**
Company Regulation
Delaware Department of Insurance
841 Silver Lake Boulevard
Dover, DE 19904

02/14/18