

Office of the  
Commissioner



Delaware  
Department of Insurance

**REINSURANCE INTERMEDIARY  
ANNUAL RENEWAL FORM**

**Annual renewals are due by March 1<sup>st</sup>.**

The Department will not accept renewals more than 60 days prior to renewal date.

Please refer to [18 Del.C. § 701 \(12b\)](#) for renewal amount due

Make checks payable to Delaware Department of Insurance

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

FEIN: \_\_\_\_\_

Certificate of Good Standing from Home State **must** be included

Printed Name of Company Contact: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Address (Same as Above)

Different address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Email (required): \_\_\_\_\_

Date: \_\_

**Please mail to:**

Company Regulation  
Delaware Department of Insurance  
1351 West North Street, Suite 101  
Dover, DE 19904

Please contact [berg@delaware.gov](mailto:berg@delaware.gov) with questions.

1351 West North Street, Dover, DE 19904-2465 • [www.insurance.delaware.gov](http://www.insurance.delaware.gov)  
(302) 674-7300 Dover • (302) 739-5280 fax • (302) 577-5280 Wilmington