

OFFICE OF THE
COMMISSIONER



STATE OF DELAWARE
DEPARTMENT OF INSURANCE

**DESIGNATION OF PERSON FOR
RECEIPT OF SERVICE OF PROCESS
FORM D-1**

TO: THE INSURANCE COMMISSIONER OF THE STATE OF DELAWARE

(NAME OF COMPANY)

hereby designates the following as the person to whom process served upon the Commissioner against the above-cited company is to be forwarded [18 Del. C. §524(e)]

NAME OF DESIGNEE: _____

TITLE: _____

ADDRESS: _____

PHONE: (____) _____

EMAIL ADDRESS: _____

FEIN #: _____

NAIC #: _____

STATE OF INCORPORATION: _____

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

(SEAL)

BY: _____

TITLE: _____