

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

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(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: \_\_\_\_\_