



**DESIGNATION OF PERSON FOR  
RECEIPT OF SERVICE OF PROCESS**

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. Section 524(e)]

NAME OF DESIGNEE: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: (     ) \_\_\_\_\_ FAX: (     ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EIN #: \_\_\_\_\_ FEIN #: \_\_\_\_\_ NAIC #: \_\_\_\_\_

STATE OF INCORPORATION: \_\_\_\_\_

WITNESS my hand and seal of the Company affixed hereto this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL) BY: \_\_\_\_\_

TITLE: \_\_\_\_\_