

Karen Weldin Stewart, CIR-ML  
Commissioner



Delaware Department of Insurance

**DESIGNATION OF PERSON TO RECEIVE DELAWARE  
REGULATIONS, BULLETINS, DIRECTIVES AND  
NOTICE OF REGULATORY PROCEEDINGS**

TO: THE INSURANCE COMMISSIONER OF THE STATE OF DELAWARE

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(NAME OF COMPANY)

hereby designates the following person to receive from the Delaware Department of Insurance copies of Regulations, Bulletins, Directives, and Notice of Regulatory Proceedings:

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

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

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

\_\_\_\_\_

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

NAIC #: \_\_\_\_\_ STATE OF INCORPORATION: \_\_\_\_\_

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

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

FORM D-2, REVISED 09/13/00