Karen Weldin Stewart, CIR-ML
Commissioner

Delaware Department of Insurance

DESIGNATION OF PERSON FOR
RECEIPT OF SERVICE OF PROCESS

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. Section 524(e)]

NAME OF DESIGNEE: _____

TITLE: _____

ADDRESS: _____

_____

PHONE: ( ) _____ FAX: ( ) _____

EIN #: _____ STATE OF INCORPORATION: _____

NAIC #:_____

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

BY: _____

(SEAL)

TITLE: _____

FORM D-1, REVISED 02/12/07

Print Form

841 Silver Lake Blvd., Dover, DE 19904-2465 ◆ www.delawareinsurance.gov
(302) 674-7300 Dover ◆ (302) 739-5280 fax ◆ (302) 577-5280 Wilmington