

State of 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

NAME OF DESIGNEE: _____

TITLE: _____

ADDRESS: _____

EMAIL: _____

PHONE: () _____ FAX: () _____

FEIN #: _____ STATE OF INCORPORATION: _____

NAIC OR NPN #: _____

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

(SEAL)

BY: _____

TITLE: _____