DONNA LEE H. WILLIAMS
INSURANCE COMMISSIONER

State of Delaware

Department of Insurance

841 SILVER LAKE BLVD.
DOVER, DELAWARE 19904-2465
(302) 739 - 4251
FACSIMILE (302) 739 - 5280

FORM D-4
ADMITTANCE QUESTIONNAIRE FOR DOMESTIC COMPANIES

The following data is being submitted to the Delaware Department of Insurance:

1. Company Name:_____

Home Office:_____

_____

Contact Person:_____

Telephone:_____

Counsel:_____

Telephone:_____

2. Proposed Location of Main Office:

_____

_____

3. Proposed Capitalization:

Nature and Source of Consideration (please be specific):

_____

_____

4. Proposed Form of Company:

Stock_____ **Mutual** _____

If stock insurer, number of shares of preferred stock, par value_____

If stock insurer, number of share of common stock, par value _____

5. Names of all principals, owners, proposed officers and directors:

_____

_____

_____

6. **Have any of these individuals been convicted of any crime other than minor traffic offences?**
Yes _____ No_____

If so, please state the person's name, date of conviction, state of conviction, nature of the offense, and punishment imposed. (Please use additional sheets if necessary).

_____

_____

7. **Please indicate whether any of the principals, owners, managers, officers and directors have been affiliated with any insurer in any capacity which has been the subject of insolvency or impairment proceeding by any regulatory body.**

_____

_____

8. **Please indicate whether the proposed insurer is affiliated with any other companies or insurers. If it will be part of a holding company system, please submit holding company registration statements, including financials for the three years immediately preceding.**

_____

_____

BY:_____

TITLE:_____

PHONE:_____

DATE:_____

SWORN TO AND SUBSCRIBED BEFORE THIS _____ DAY OF _____, _____.

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES:_____