

Name: _____ Title: _____ Partner: _____ Y/N
Date of Birth: _____ Sex: _____ Will act as Intermediary: _____ Y/N
Residence Address: _____
Social Security No.: _____

Name: _____ Title: _____ Partner: _____ Y/N
Date of Birth: _____ Sex: _____ Will act as Intermediary: _____ Y/N
Residence Address: _____
Social Security No.: _____

Name: _____ Title: _____ Partner: _____ Y/N
Date of Birth: _____ Sex: _____ Will act as Intermediary: _____ Y/N
Residence Address: _____
Social Security No.: _____

Name: _____ Title: _____ Partner: _____ Y/N
Date of Birth: _____ Sex: _____ Will act as Intermediary: _____ Y/N
Residence Address: _____
Social Security No.: _____

5. List any person, firm, association or corporation who or which, directly or indirectly, has the power to direct or cause to be directed, the management, control or activities of the applicant. If none, check here: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Explain how each person, firm, association or corporation listed above directs the management, control or activities of the applicant.

6. Has applicant, or any of its members, designated employees, or controlling person listed in Questions 4 and 5 above, or any partnership or corporation with which they are, or were formerly, associated, during their connection therewith, ever:

a.) Been discharged by or had a contract of agency terminated by an insurer or employer? _____

b.) Been charged in any capacity whatsoever with irregularities in money or any other transactions? _____

- c.) Compromised its or their liabilities with creditors; been insolvent or adjudged a bankrupt? _____
- d.) Been refused a license or had an existing one suspended or revoked by the Insurance Department, or by any state or governmental agency or authority? _____
- e.) Been fined by any state or governmental agency or authority? _____
- f.) Excluding minor traffic violations, been convicted of any crime which has not been annulled by a court? _____

If answers to a. through f. are "Yes", give full details.

- 7. Upon approval of the partnership's non-resident application as a reinsurance intermediary, if applicable, we hereby agree to designate the Commissioner, State of Delaware Insurance Department as agent for service of process and further pursuant to Title 18 Del. C. Chapter 16 to provide the following resident of Delaware upon whom notices and orders of the Commissioner or process affecting such non-resident reinsurance intermediary may be served.

Name: _____ Telephone No. _____

Address: _____

Use space below for additional information, if necessary.

ANSWERS TO ALL QUESTIONS, NOTING SPECIFICALLY QUESTION 6, MUST BE ACCURATE AND COMPLETE. INFORMATION OBTAINED THROUGH INVESTIGATION SHOWING MISSTATEMENTS, INCLUDING AN INCOMPLETE ANSWER TO QUESTION 6 IS SUFFICIENT CAUSE TO AUTOMATICALLY VOID THIS APPLICATION OR FOR IMMEDIATE REVOCATION OF ANY LICENSE. THIS IS IN ADDITION TO OTHER PENALTIES.

Under penalty of perjury (I) or (We) affirm that the statements made in the foregoing application are true to the best of (my) or (our) knowledge.

Dated: _____

Name of Partnership

Witness: _____

By: _____

Signature - Partner/Member/Employee

This application must be verified and signed by all named in the answer to Question No. 4.