

DEPARTMENT OF INSURANCE  
STATE OF DELAWARE  
841 SILVER LAKE BLVD.  
DOVER, DELAWARE 19904  
(302) 739-4251

RETALIATORY STATEMENT

RE: APPLICATION FOR ADMISSION

TO BE COMPLETED BY THE OFFICIAL HAVING SUPERVISION OF INSURANCE IN  
THE STATE OF DOMICILE OF

\_\_\_\_\_  
(NAME OF COMPANY)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY, STATE & ZIP CODE)

A. THE AFOREMENTIONED COMPANY IS APPLYING FOR ADMISSION TO THE  
STATE OF DELAWARE TO WRITE THE LINES OF INSURANCE CHECK BELOW.  
THE NAMES OF EACH LINE ARE THOSE USED IN THE INSURANCE CODE OF THE  
STATE OF DELAWARE, TITLE 18 CHAPTER 9.

CASUALTY, INCLUDING:

<input type="checkbox"/>	LIFE, INCLUDING	<input type="checkbox"/>	VEHICLE	<input type="checkbox"/>	MALPRACTICE
<input type="checkbox"/>	ANNUITIES	<input type="checkbox"/>	LIABILITY	<input type="checkbox"/>	ELEVATOR
<input type="checkbox"/>	VARIABLE LIFE	<input type="checkbox"/>	BURGLARY & THEFT	<input type="checkbox"/>	CONGENITAL
<input type="checkbox"/>	VARIABLE ANNUITIES	<input type="checkbox"/>	PERSONAL PROPERTY	<input type="checkbox"/>	DEFECTS
<input type="checkbox"/>	CREDIT LIFE	<input type="checkbox"/>	FLOATER	<input type="checkbox"/>	LIVESTOCK
<input type="checkbox"/>	HEALTH	<input type="checkbox"/>	GLASS	<input type="checkbox"/>	ENTERTAINMENT
<input type="checkbox"/>	CREDIT HEALTH	<input type="checkbox"/>	BOILER & MACHINERY	<input type="checkbox"/>	MISCELLANEOUS
<input type="checkbox"/>	PROPERTY	<input type="checkbox"/>	CREDIT		
<input type="checkbox"/>	SURETY	<input type="checkbox"/>	WORKERS' COMPENSATION		
<input type="checkbox"/>	TITLE	<input type="checkbox"/>	& EMPLOYER'S LIABILITY		
<input type="checkbox"/>	MARINE &	<input type="checkbox"/>	LEAKAGE & FIRE EXTINGUISHER		
<input type="checkbox"/>	TRANSPORTATION		EQUIPMENT		

B. THE APPLICANT IS A \_\_\_\_\_ (STOCK, MUTUAL,  
RECIPROCAL, FRATERNAL, MUTUAL BENEFIT, ETC). IT IS AUTHORIZED TO  
WRITE EACH OF THE ABOVE LINES OF INSURANCE IN SECTION A IN THIS  
STATE EXCEPT: \_\_\_\_\_

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C. A LIKE DELAWARE COMPANY APPLYING FOR AUTHORITY TO WRITE THE SAME LINES OF BUSINESS IN THIS STATE WOULD BE REQUIRED TO HAVE:

PAID UP CAPITAL .....	\$ _____
SURPLUS OVER ALL LIABILITIES .....	\$ _____
*SURPLUS TO POLICYHOLDERS, INCLUDING CAPITAL STOCK.....	\$ _____
A DEPOSIT IN DELAWARE .....	\$ _____
A DEPOSIT IN THIS STATE.....	\$ _____

SPECIAL DEPOSITS FOR THE PROTECTION OF DELAWARE POLICYHOLDERS ONLY: \$100,000 WORKERS' COMPENSATION AND \$10,000 SURETY. REQUEST FOR WAIVER OF THE SURETY DEPOSIT IS PERMITTED IF THE COMPANY HAS \$10,000,000 IN CAPITAL AND SURPLUS AND MAINTAINS \$400,000 ON DEPOSIT FOR THE PROTECTION OF POLICYHOLDERS EVERYWHERE.

\*DELAWARE'S REQUIREMENT IS THAT ALL COMPANIES MAINTAIN TOTAL CAPITAL AND SURPLUS OF AT LEAST \$1,000,000.

D. A LIKE DELAWARE COMPANY WOULD BE REQUIRED TO PAY FEES AND OTHER CHARGES AS FOLLOWS:

FEES FOR ADMISSION (ITEMIZED):

ANNUAL RENEWAL FEES (ITEMIZED):

PREMIUM TAXES (STATE BASIS FOR COMPUTATION IN DETAIL):

ALL OTHER CHARGES, TAXES AND FEES, INCLUDING CAPITAL STOCK TAX, FIRE MARSHALL'S TAX, ETC. (STATE KINDS, BASIS OF COMPUTATION AND DATES PAYABLE).

A BOND WOULD BE REQUIRED OF A LIKE DELAWARE COMPANY IN THE AMOUNT OF \$ \_\_\_\_\_ FOR THE PURPOSE OF GUARANTEEING

IN ACCORDANCE WITH SECTION \_\_\_\_\_ OF THE LAWS OF THIS STATE.

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E. A LIKE DELAWARE COMPANY TO BE ELIGIBLE FOR ADMISSION MUST HAVE BEEN IN CONTINUOUS OPERATION FOR \_\_\_\_\_ YEARS. THIS REQUIREMENT IS BY (CITE STATUTE OR RULE): \_\_\_\_\_.  
EXCEPTIONS ALLOWING WAIVER OF THIS STATUTE OR RULE ARE \_\_\_\_\_

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F. A LIKE DELAWARE COMPANY TO BE ELIGIBLE FOR ADMISSION WOULD BE REQUIRED TO FURNISH AN EXAMINATION MADE BY THE DELAWARE INSURANCE DEPARTMENT WITHIN A PERIOD OF \_\_\_\_\_ YEARS. THIS REQUIREMENT IS BY (CITE STATUTE OR RULE): \_\_\_\_\_.  
EXCEPTIONS TO THE STATUTE OR RULE ARE: \_\_\_\_\_

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INSURANCE DEPARTMENT

STATE OF: \_\_\_\_\_

BY: \_\_\_\_\_

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

SIGNED AT

\_\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_.

[18 DELAWARE CODE, SECTION 532]