

State of Delaware



Department of Insurance

Bureau of Captive and Financial Insurance Products

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: _____ EMAIL: _____

NAIC #: _____ STATE OF INCORPORATION: _____

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

(SEAL) BY: _____

TITLE: _____