

**[CAPTIVE]**  
**[ADDRESS]**

[DATE]

Stephen Taylor, Director  
Bureau of Captive & Financial Insurance Products  
Delaware Department of Insurance  
Rockwood Office Park  
503 Carr Road, Suite 303  
Wilmington, DE 19809

***Re: Termination of [Captive]***

Dear Mr. Taylor:

The Delaware Department of Insurance has received or shortly will receive a request from [CAPTIVE MANAGER] to approve the termination of [Captive] and the surrender of [CAPTIVE]'s Certificate of Authority. [CAPTIVE] hereby acknowledges its responsibility to cover legitimate, reasonable, state-levied expenses as they stem directly from the procedures that are necessary to effectuate the termination of [CAPTIVE] [CAPTIVE] understands that no liquidating distribution to its owner(s) may be made until all of its outstanding liabilities, including any expenses referenced above, have been satisfied.

Best regards,

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[Name], [Title] of [Captive]