Office of the Commissioner



State of Delaware Department of Insurance

## DESIGNATION OF PERSON TO RECEIVE DELAWARE REGULATIONS, BULLETINS, DIRECTIVES AND NOTICE OF REGULATORY PROCEEDINGS

TO: THE INSURANCE COMMISSIONER OF THE STATE OF DELAWARE

(NAME OF COMPANY)

hereby designates the following person to receive from the Delaware Department of Insurance copies of Regulations, Bulletins, Directives, and Notice of Regulatory Proceedings:

NAME OF DESIGNEE: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_\_ FAX: \_\_\_\_\_

NAIC #: \_\_\_\_\_\_ STATE OF INCORPORATION: \_\_\_\_\_

WITNESS my hand and seal of the Company affixed hereto this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL) BY: \_\_\_\_\_

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

Form H-4

1351 West North Street, Suite 101, Dover, DE 19904 • insurance.delaware.gov (302) 674-7300 Dover • (302) 739-5280 fax • (302) 577-5280 Wilmington