OFFICE OF THE COMMISSIONER



STATE OF DELAWARE DEPARTMENT OF INSURANCE

REINSURANCE INTERMEDIARY ANNUAL RENEWAL FORM

Annual renewals are due by March 1st.

The Department w	rill not accept renewals more than Del C. § 701 (12b) for renewal am	
Resident licer		ount duci
Non-Resident from Home State	license renewal <u>must include</u> a Cer	rtificate of Compliance/Good Standing
Company Name:		
Address:		
Phone:		
FEIN:		
Printed Name of Co	ompany Contact:	
Signature:		Date
Title:		
Address (Same as A	above)	
Different address: _		
Phone:		
Contact Email (requ	uired):	
Make checks payable	le for \$100.00 to the Delaware Dep	partment of Insurance
Please mail to:	Company Regulation Delaware Department of Insurance 1351 West North Street, Suite 10 Dover, DE 19904 Please contact berg@delaware.go	1

Revised 11/30/2022