OFFICE OF THE COMMISSIONER



STATE OF DELAWARE DEPARTMENT OF INSURANCE

REINSURANCE INTERMEDIARY ANNUAL RENEWAL FORM

Annual renewals are due by March 1st.

The Department will not accept renewals more than 60 days prior to renewal date. Please refer to <u>18 *Del C.* § 701 (12b)</u> for renewal amount due.

Resident license renewal

Non-Resident license renewal <u>must include</u> a Certificate of Compliance/Good Standing from Home State

Company Name	:	
Address:		
Phone:		
FEIN:		
Printed Name of	Company Contact:	
Signature:	Date	
Title:		
Address (Same a	as Above)	
Different addres	s:	
Phone:		
Contact Email (1	required):	
Make checks pa	yable for \$100.00 to the Delaware Department of Insu	rance
Please mail to:	Company Regulation Delaware Department of Insurance 1351 West North Street, Suite 101 Dover, DE 19904	
	Please contact <u>berg@delaware.gov</u> with questions.	Revised 11/30/2022
	1351 West North Street, Suite 101, Dover, DE 19904 • insuran (302) 674-7300 Dover • (302) 739-5280 fax • (302) 577-528	