

Insurance Commissioner



Department of Insurance
841 Silver Lake Blvd.
Dover, DE 19904-2465
(302) 674-7300
(302) 739-5280 fax

NAIC No: _____

AFFIDAVIT OF EXEMPTION

The undersigned _____, does hereby swear and affirm that he/she is the individual designated to coordinate and accomplish the timely filing of all required financial forms with the Delaware Department of Insurance for _____, an insurer licensed to transact the business of insurance within the State of Delaware. Premiums earned and losses incurred for the year ending December 31, _____ are below the threshold for each line of business exempting _____ from the filing requirements of Delaware Department Regulation No. 303 (formerly Regulation No. 57) filing.

Signature: _____

Printed Name: _____

Title: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

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State of _____

County of _____

I _____, A Notary Public in and for the State and County aforesaid, do hereby certify that the foregoing affidavit was this day produced to me and was acknowledged to be his/her act and deed.

Witness my hand and seal of this _____ day of _____, _____.

Notary Public

My commission expires: