

State of Delaware



Department of Insurance

Bureau of Captive and Financial Insurance Products

Date \_\_\_\_\_

Bank Name \_\_\_\_\_

Attention: \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

**Re: Bank Account Balance Confirmation**

The Delaware Department of Insurance is currently conducting an organizational examination on or about this date \_\_\_\_\_, of your customer described below:

Name of Captive Insurance Company:

\_\_\_\_\_

Solely for the purposes of verification, please confirm below the balance in account #\_\_\_\_\_.

Attached is a letter from your client giving you permission to release the account information to the Delaware Department of Insurance.

Please mail your reply to the address below and/or fax to (302) 577-3057.

Delaware Department of Insurance  
Examiner for the Bureau of Captive and Financial Insurance Products  
Attn: Jamie Bafundo  
820 N. French Street, 3<sup>rd</sup> Floor  
Wilmington, DE 19801

For security purposes this form cannot be sent to our department via email.

If you have any questions, please contact Jamie Bafundo at [jamie.bafundo@state.de.us](mailto:jamie.bafundo@state.de.us) or by telephone at (302) 577-5281. Thank you in advance for your assistance in this matter.

Bank Account # \_\_\_\_\_ Balance as of this date: \$ \_\_\_\_\_

Bank Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_