



State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
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Commissioner

DESIGNATION OF RECIPIENT FOR SERVICE OF PROCESS

NAIC Number: _____

Company Name: _____

Recipient for Service of Process:

Title: _____

First Name: _____

Last Name: _____

Address: _____

City, State, Zip: _____

Note: Please access the Department's webpage at www.state.nj.us/dobi for additional copies of this form.