



State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
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JON S. CORZINE
Governor

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STEVEN M. GOLDMAN
Commissioner

**DESIGNATION BY INSURER OF OFFICIAL E-MAIL ADDRESS
FOR RECEIPT OF DEPARTMENT ORDERS AND BULLETINS**

COMPANY NAME: _____

NAIC NUMBER: _____

E-MAIL ADDRESS: _____

CONTACT PERSON TO WHOM QUESTIONS CAN BE ADDRESSED:

NAME: _____

PHONE: () _____

E-MAIL ADDRESS: _____
(if different from above)

For those companies that are unable to receive communications via electronic mail, the Department will continue to mail hard copies of all orders and bulletins to the company's official mailing address on file with the Department, Attention: Company Secretary.

NOTE: THIS FORM MUST BE ACCOMPANIED BY A LETTER ON ORIGINAL COMPANY LETTERHEAD SIGNED BY AN OFFICER OF THE COMPANY AND STATING THAT THE CONTENTS OF THE FORM ARE ACCURATE.

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