

**DESIGNATED ADMINISTRATOR  
ACKNOWLEDGMENT OF OBLIGATIONS**

\_\_\_\_\_  
**Name of Administrator**

\_\_\_\_\_  
**Number and Street**

\_\_\_\_\_  
**City            State    Zip Code**

\_\_\_\_\_  
**Telephone Number**

**has been designated by** \_\_\_\_\_  
**Service Contract Provider**

as administrator of its service contracts. I have familiarized myself with Article 79 of the New York Insurance Law and Regulation 155 (11 NYCRR 390) and will fulfill my obligations as administrator.

\_\_\_\_\_  
**Signature of Responsible Person**

\_\_\_\_\_  
**Print or type name of person who signed above**