DESIGNATED ADMINISTRATOR
ACKNOWLEDGMENT OF OBLIGATIONS

I hereby attest that:

_____
Name of Administrator

_____
Address: Number and Street

_____
City, State and Zip Code

_____
Phone Number

_____
Email address

has been designated by:

_____
Name of 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

_____
Name of Responsible Person (Please Print)