

PHIL MURPHY
Governor

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JUSTIN ZIMMERMAN
Acting Commissioner

TAHESHA L. WAY Lt. Governor

REQUEST FOR ADVANCE NOTICE OF RULES OR PUBLISHED RULEMAKING, BULLETINS, ORDERS, AND PUBLIC NOTICES

NAME OF PERSON AND/OR ENTI	TY:
E-MAIL ADDRESS:	
I would like to be included in t indicated below.	the advance notice of rules related to the topics
I would like to receive publish notices related to the topics in	ned rulemaking, bulletins, orders, and public dicated below.
TOPICS OF INTEREST (PLEASE	CHECK ALL THAT APPLY)
All Topics	All Banking
All Insurance	All Real Estate Commission
INSURANCE	TOPICS
Property and Casualty Insurance Automobile Insurance Homeowners Insurance Commercial Lines Personal Injury Protection ("PIP") Title Insurance Workers' Compensation	Life and Health Insurance Life Insurance Health Insurance Medicare Supplement Long Term Care Managed Care Dental Plan Organizations Organized Delivery System
Insurance Producers Insurance Public Adjusters Surplus Lines Joint Insurance Funds ("JIFs") Self-Insureds	Third Party Administrators Pharmacy Benefit Managers Risk Retention Groups Purchasing Groups

BANKING TOPICS

Depositories Credit Unions Money Transmitters Insurance Premium F	inance Co.	Pawnbrokers Check Cashiers Mortgage Licensees
CONTACT PERSON TO W	HOM QUESTIONS CAN BE	ADDRESSED:
NAME:		
PHONE:	()	
E-MAIL ADDRESS: (if different from above)		
Please e-mail a completed for	rm to: <u>AdvanceNotice@dobi</u>	<u>.nj.gov</u> .
interested party form/forms		