



**State of Rhode Island and Providence Plantations
Department of Business Regulation
Insurance Division**

Accredited Reinsurer Information Update

Company Name _____

NAIC Number _____ **FEIN** _____

NAIC Group Name _____ **Group Number** _____

Date of Incorporation _____ **Website Address** _____

Main Telephone Number _____ **Toll Free or Collect Number** _____

Type of Change & Effective Date (if applicable) _____

Statutory Home Office Address	Main Administrative Office Address
_____	_____
_____	_____
Mailing Address	Annual Statement Contact
_____	_____

Form Completed By: _____ *Email:* _____ *Date:* _____