



**State of Rhode Island  
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) \_\_\_\_\_

<b>Statutory Home Office Address</b>	<b>Main Administrative Office Address</b>
_____	_____
_____	_____
<b>Mailing Address</b>	<b>Annual Statement Contact</b>
_____	_____
_____	

*Form Completed By:* \_\_\_\_\_ *Email:* \_\_\_\_\_ *Date:* \_\_\_\_\_