



State of Rhode Island
Department of Business Regulation
Insurance Division

Risk Retention Group Information Form

Company Name _____
NAIC Number _____ FEIN _____
NAIC Group Name _____ Group Number _____
Date of Incorporation _____ Website Address _____
Main Telephone Number _____ Toll Free or Collect Number _____

Statutory Home Office Address _____

Main Administrative Office Address _____

Mailing Address _____

Annual Statement Contact Person _____

Individual whom Service of Process should be forwarded to once accepted by this Division

Name _____

Address _____

Form Completed By: _____ Email: _____ Date: _____