

**Rhode Island Insurance Division
Company 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	_____
Type of Change & Effective Date (if applicable)	_____		

Statutory Home Office Address _____

Main Administrative Office Address _____

Mailing Address _____

Annual Statement Contact Person _____

Complaints Contact Person _____ **Email** _____

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

Name _____

Address _____

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

Please send completed forms to Julie.Savoie@dbri.gov