

**Rhode Island Insurance Division
Surplus Lines
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 _____

To update your Service of Process Contact, please attach a Consent to Service of Process form, along with a letter which indicates that the appointed individual has agreed to act in this capacity. *(Please note: for surplus lines carriers, the agent for service of process cannot be the Rhode Island Insurance Commissioner. The insurer must appoint an individual residing in Rhode Island to act in this capacity.)*

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

Please send completed forms to Julie.Savoie@dbr.ri.gov