

STATE OF RHODE ISLAND INFORMATION UPDATE QUESTIONNAIRE

Company Name: _____

NAIC Number: _____ **FEIN:** _____

NAIC Group Name: _____ **Group Number:** _____

Statutory Home Office Address: _____

Main Administrative Office Address: _____

Mailing Address: _____

Annual Statement Contact Person: _____

Date of Incorporation: _____

Website Address: _____

Main Telephone Number: _____

Type of Change and Effective Date of Change: _____

Pursuant to Rhode Island General Law §27-2-1.1, all insurers' doing business in RI are required to provide a toll free number or to accept collect calls from RI residents. In the space provided below, please provide a toll free number or the insurers' telephone number that will accept collect calls from residents of our State.

Toll Free Number: _____

or

Collect Number: _____

In addition, please provide the name and address of the individual at the company to whom Service of Process should be forwarded to once accepted by this Division:

Name: _____

Address: _____

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

(Name and telephone number)

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY, INCOMPLETE FORMS WILL BE RETURNED