

**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	Service of Process Forwarding (Name & Address)
_____	_____
_____	_____
_____	_____

COMPANY CONTACTS	
Annual Statement _____	Billing Email _____
Complaints _____	Email _____

EMERGENCY CONTACTS (for Property & Casualty insurers ONLY)		
	Primary Emergency Contact	Secondary Emergency Contact
Name	_____	_____
Email	_____	_____
Landline #	_____	_____
Cellular #	_____	_____

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