



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Change in Registration for Risk Retention Groups

INSTRUCTIONS: The name of the Retention group should be shown exactly as it is on the original registration form, **DO NOT USE ABBREVIATIONS.**

Name of Risk Retention Group, Group contact name and email address:

Group's Federal Employer I.D. Number:

1. Changes of Risk Retention Group Name, Address, Phone Number and Email Address

Retention Group Name	Address	Phone Number	Email address
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New Information and effective date:

2. Insurer or Agent Changes

Delete Current Insurer - List company name & NAIC number:

Add New Insurance Company - List new company name & NAIC number:

Delete Agent - List Agent's name, address, phone:

Change/Add Agent - List new Agent's name, address, phone number, NIPN & email address:

3. Delete State(s)

List the States and Effective Dates:

4. Change Retention Group Officer - Provide new officers name, address, and new position.

5. Change Retention Group Contact - Provide new contact's name, address, phone number and email address.

6. Other – Please specify:

Officer Certification: I certify that the information in this report and any attachments included with it is complete and correct.

Officer Name, Title (please type or print) and contact information (if different from Group contact):

Email changes to CID.RRG@ct.gov (file within 10 days of effective date of change) www.ct.gov/cid

P.O. Box 816 Hartford, CT 06142-0816

Affirmative Action/Equal Employment Opportunity Employer