

**NAIC RISK RETENTION REPORTING FORM**

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Company Name: \_\_\_\_\_ NAIC Co. Code: \_\_\_\_\_

Domicile: \_\_\_\_\_ FEIN: \_\_\_\_\_

Type: \_\_\_\_\_ (\* See Below)

Incorporation Date: \_\_\_\_\_ Commenced Business: \_\_\_\_\_

Statutory Home Office: \_\_\_\_\_

Administrative Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Officers:

President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Management Firm: \_\_\_\_\_

\*Company Type:      1 = Mutual  
                             2 = Reciprocal  
                             4 = Stock  
                             8 = Captive

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A. Minimum Capital & Surplus Required to Commence Business:

Capital \$ \_\_\_\_\_

Surplus \$ \_\_\_\_\_

B. Capital & Surplus As Of \_\_\_\_\_  
(Date Licensed)

Capital \$ \_\_\_\_\_

Surplus \$ \_\_\_\_\_

Surplus to  
Policyholders: \$ \_\_\_\_\_

Initial Capitalization: \_\_\_\_\_

Cash & Other Invested Assets: \$ \_\_\_\_\_

Letter(s) of Credit \_\_\_\_\_

Other (Describe: \_\_\_\_\_) \_\_\_\_\_

\$ \_\_\_\_\_

Total Initial Capitalization

Surplus Notes:

Amount \$ \_\_\_\_\_

Lender(s) \_\_\_\_\_

C. Authorized Lines of Business: (Describe Coverages, List Statutory Reference and Attach Certificate of Authority)

\_\_\_\_\_  
\_\_\_\_\_

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D. Deposit or Investment Held For the Protection of ALL Policyholders:

Description: \_\_\_\_\_

Market Value: \_\_\_\_\_

E. Is Company Required to File the NAIC Annual Statement Blank: \_\_\_\_\_

F. States in Which the Group Intends to Operate:

\_\_\_\_\_  
\_\_\_\_\_

G. Describe the Business of the Member:

\_\_\_\_\_  
\_\_\_\_\_