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STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
INSURANCE DIVISION

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TO: FOREIGN RISK RETENTION GROUP (RRG) & RISK  
PURCHASING GROUP (PG) REGISTRATION,  
HAWAII INSURANCE DIVISION

SUBJECT: Annual Service Fee Contact Person and Address Information

Please complete the following information and return  
this form to our office. (Along with a \$150 check for  
the Annual Service Fee)

**PLEASE PRINT**

Name (RRG or PG)	
NAIC Co Code (RRG)	
Contact Address	
Contact Person & Title (For Annual Fee)	
Phone Number	
Fax	
E-mail	

Group officer: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions regarding this form,  
please contact Frances Lo @ (808)586-3870  
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