

JOSH GREEN, M.D. GOVERNOR SYLVIA LUKE LIEUTENANT GOVERNOR STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS INSURANCE DIVISION 335 MERCHANT STREET, ROOM 213, HONOLULU, HAWAII 96813 P.O. BOX 3614, HONOLULU, HAWAII 96811 Phone Number: (808) 586-2790

Fax Number: (808) 587-6714 insurance.hawaii.gov NADINE Y. ANDO DIRECTOR

GORDON I. ITO INSURANCE COMMISSIONER

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 via Email to sbautista@dcca.hawaii.gov. Submit via OPTins a \$150 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, Send email to <u>Sbautista@dcca.hawaii.gov</u>