



**STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
KA 'OIHANA PILI KĀLEPA
INSURANCE DIVISION**

335 MERCHANT STREET, ROOM 213, HONOLULU, HAWAII 96813
P.O. BOX 3614, HONOLULU, HAWAII 96811
Phone Number: 1-844-808-DCCA (3222)
Fax Number: (808) 587-6714
cca.hawaii.gov/ins/

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 Sbautista@dcca.hawaii.gov