



**STATE OF WEST VIRGINIA**  
**Offices of the Insurance Commissioner**  
**Financial Conditions Division**

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 Financial Conditions  
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 www.wvinsurance.gov

Location:  
 Financial Conditions  
 900 Pennsylvania Avenue  
 Charleston WV 25302

**RISK RETENTION GROUP MODIFICATION FORM**  
**(\$50.00 Filing Fee)**

- MAILING ADDRESS    
  HOME ADDRESS    
  OFFICER/DIRECTOR    
  OTHER  
 NAME CHANGE    
  WITHDRAWAL (no fee required)

**Please provide the following information to expedite your modification:**

**RISK RETENTION GROUP NAME:** \_\_\_\_\_  
**WV FILE #:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
**CONTACT PERSON:** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_  
**HOME ADDRESS:** \_\_\_\_\_  
**CONTACT PERSON:** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_

**ADDING OFFICER/DIRECTOR**  
**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
**TELEPHONE #:** \_\_\_\_\_

**DELETING OFFICER/DIRECTOR**  
**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
**TELEPHONE #:** \_\_\_\_\_

**NAME CHANGE**  
**FROM:** \_\_\_\_\_ **NAIC #:** \_\_\_\_\_  
**TO:** \_\_\_\_\_ **NAIC #:** \_\_\_\_\_

**OTHER** (please be specific)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*If you run out of space, use additional forms.

**\*\*Please note pursuant to Legislative Rule §114-34-2.2, "...each risk retention group not chartered in this state but already registered to do business here shall remit a fifty dollar (\$50) processing fee upon the filing of any registration materials..."\*\***