



STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner
Company Analysis and Examinations Division

NAIC Risk Retention Reporting Form

Company Name: _____

NAIC#: _____

FEIN#: _____

State of Domicile: _____

Type (choose one):

1 = Mutual 2 = Reciprocal 4 = Stock 8 = Captive

Incorporation Date: _____

Commenced Business: _____

Statutory Home Office: _____

Administrative Contact Person: _____

Address: _____

Telephone #: _____

E-Mail: _____

Officers: President: _____

Secretary: _____

Treasurer: _____

Management Firm: _____

Accredited by the National Association of Insurance Commissioners

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):

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: _____

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