



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

**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..."\*\***

**Accredited by the National Association of Insurance Commissioners**