

STATE OF UTAH  
Insurance Department  
Risk Retention Group Disclosure Statement

Name of Risk Retention Group \_\_\_\_\_

FEIN Number \_\_\_\_\_ Original \_\_\_\_\_ Renewal \_\_\_\_\_

State of Domicile \_\_\_\_\_ Date Group Admitted \_\_\_\_\_

Principal Place of Business of the Group \_\_\_\_\_

Statutory Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Company Renewal address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Company Renewal Contact Person/Title \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

CHECK ONE OR BOTH OF THE FOLLOWING:

Company will use surplus lines broker(s) \_\_\_\_\_ and/or appointed producers \_\_\_\_\_

Types of Liability Coverage(s):

\_\_\_\_\_  
\_\_\_\_\_

I (We), the principal officers of this Risk Retention Group, certify that the membership and ownership of this Group are in compliance with the requirements set forth in Section 2(a)(4) of the Risk Retention Act of 1986.

\_\_\_\_\_  
(Name, please print) (Title)

\_\_\_\_\_  
(Name, please print) (Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

Date \_\_\_\_\_

Date \_\_\_\_\_