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STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
INSURANCE DIVISION
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COLIN M. HAYASHIDA
INSURANCE COMMISSIONER

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