



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

Mailing Address:
 Financial Conditions
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Location:
 Financial Conditions
 1124 Smith Street
 Charleston WV 25301

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..."****