

Registration of a Foreign/Alien Risk Retention Group (Form RRG-A-122) Pursuant to Chapter 2201, Texas Insurance Code

Section I - Company Information

Phone Number Email Address 5. Phone Number 7. NAIC Number 8. States in which business is transacted 1. States in				
A. Street Address		Full Name of Risk Retention Group (Name	e must include "Risk Retenti	ion Group")
A. Street Address	FEIN			_
CityStateZip B. Mailing AddressStateZip				
CityStateZip B. Mailing AddressStateZip	Α.	Street Address		
City				
Name and Title Phone Number Email Address State of Domicile 7. NAIC Number States in which business is transacted Lines and classifications of liability insurance written (must be specific lines) and ident	В.	Mailing Address		
Phone Number Email Address 5. Phone Number		City	State	Zip
Phone Number Email Address 5. Phone Number	Conta	act Person	- <u></u>	
5. State of Domicile 7. NAIC Number		Name an	d Title	
5. State of Domicile 7. NAIC Number 8. States in which business is transacted 9. Lines and classifications of liability insurance written (must be specific lines) and ident	•	Phone Number	Email Address	
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). Lines and classifications of liability insurance written (must be specific lines) and ident	State	e of Domicile 7. N	AIC Number	
	State	es in which business is transacted		
of membership type (i.e. builders, trucking, healthcare)	Lines	and classifications of liability insurance w	ritten (must be specific line	s) and identity of
	of me	embership type (i.e. builders, trucking, hea	althcare)	
.0. Name and address of management firm (if applicable)	Nan	no and address of management firm (if an	nlicable)	
Name and address of management min (ii applicable)	, inall	ne and address of management mill (II ap	piicabie)	

Section II - Agent Information

Provide a list of all entities acting as agent for the risk retention group on behalf of members with a risk located in Texas. List should include the name as it appears on the license, the license number and the address of the agent. *If Risk Retention Group is going to do direct solicitation check here*.

Section III - Certification

I certify that all statements and information in this document are true and correct and that I have the authority to execute and file said document.

	Signature	
	Typed or printed name a	nd title
The State of	<u> </u>	
County of		
Before me,		notary
(inse	ert name of notary)	
public in and for the State of	,on th	is day personally appeared
	kn	nown to me (or proved to me) on
(insert the name and position of the o	officer)	
the oath of		, or through
		to be the person
(description of identity card or other		
whose name is subscribed to the foreg the purposes and consideration thereir	_	d to me that (s)he executed the same for
Given under my hand and seal of office	e thisday of	, 20
(NOTARY SEAL)		
	Notary Signatu	re