

Texas Department of Insurance

Financial, Company Licensing & Registration, Mail Code 305-2C 333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104 512-322-3507 telephone • 512-322-3550 fax • www.tdi.state.tx.us

Form RRG-A-122

Registration of a Foreign/Alien Risk Retention Group Pursuant to Article 21.54, Texas Insurance Code

Please Type or Print

Section I - Company Information

1.	Full Name of Risk Retention Group (Name must include	e "Risk Retention (Group")	
2.	Principal Place of Business			
	A. Street Address			
	City	State	Zip	
	B. Mailing Address			
	City	State	Zip	
3.	Contact Person Name and Title E-Mail Address			
4.	Phone Number			
5.	State of Domicile 6. NAIC Number			
7.	States in which business is transacted			
8.	Lines and classifications of liability insurance written (give specific lines, not general such as general liability)			
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9.	Name and address of management firm (if applicable)			

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 and title
The State of	
County of	
Before me,	notary
(insert name of notary)	
public in and for the State of	,on this day personally appeared
	known to me (or proved to me) on
(insert the name and position of the officer)	
the oath of	, or through
	to be the person
(description of identity card or other document)
whose name is subscribed to the foregoing inst same for the purposes and consideration therei	trument, and acknowledged to me that (s)he executed the n expressed.
Given under my hand and seal of office this	day of, 200
(NOTARY SEAL)	

Notary Signature