

**Mike Chaney**  
**Commissioner of Insurance**



**State of Mississippi**  
**2026 Renewal Application**  
**Risk Retention Groups**

**Mississippi Insurance Department**  
**P.O. Box 79**  
**Jackson, MS 39205**

**Entity Name** \_\_\_\_\_

**Instructions:** (1) Please provide an E-mail address for the contact person \_\_\_\_\_  
(2) All questions must be answered on the front and back.  
(3) The renewal document must be signed and notarized.  
(4) Renewal Applications are due annually by March 1st.

(Please Print or Type)

**1.) In which state is the Risk Retention Group chartered and licensed as a liability insurance company?**

**2.) What lines of insurance is the Group authorized to engage in under laws of its chartering state?**

**3.) Identify each officer and director of the Risk Retention Group. (Attach additional pages if necessary.)**  
Name                    Address                    Social Security #                    Position Held

**4.) What company is responsible for managing the insurance operations of the Group and who is the contact person at the managing company?**

Name of Contact Person                    Telephone Number                    Address

5.) List the licensed agent(s) or broker(s) responsible for marketing the Group's insurance policies and the state(s) in which they are licensed. (Attach additional pages if necessary.)

<u>Name</u>	<u>Address</u>	<u>Social Security #</u>	<u>State(s)</u>
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6.) Has any person transacting business on behalf of the Risk Retention Group ever:

- a) been convicted or currently charged with a misdemeanor or felony, other than traffic violation?
- b) had any application for a professional, vocational or business license revoked or suspended?
- c) withdrawn or surrendered any application or license to avoid potential disciplinary action against licensee?

If the answer to any of the above questions is yes, attach a supplementary statement explaining in detail each such occurrence.

The undersigned hereby swear and affirm that the foregoing statements and information regarding their principal,

\_\_\_\_\_ is true and correct.  
(Name of Risk Retention Group)

Also, the undersigned understands that any violation of the legal requirements governing Risk Retention Groups, shall be subject to disciplinary action, including revocation of registration to operate in the State of Mississippi.

\_\_\_\_\_  
Signature of the President of the Risk Retention Group

\_\_\_\_\_  
Printed Name of the President

\_\_\_\_\_  
Signature of the Secretary of the Risk Retention Group

\_\_\_\_\_  
Printed Name of the Secretary

Please note that 2027 Renewal forms will be emailed out on or before January 4, 2027