

## 2024 TRIP Section 111 Data Call

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### Registrant Information

I, the undersigned, am authorized to report on behalf of the insurer identified below. I am hereby certifying that all data and information provided by this insurer in response to this Data Call, submitted through the SFTP mailbox established for this insurer, will be a full and true statement of the information provided to the best of my knowledge, information, and belief.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Insurer Name: \_\_\_\_\_

NAIC Group Number (company number if not part of group): \_\_\_\_\_

Type of Insurer:

Alien Surplus Writer: \_\_\_\_\_

Captive Insurer: \_\_\_\_\_

Other: \_\_\_\_\_

Method of Submission:

Excel: \_\_\_\_\_

CSV: \_\_\_\_\_

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The primary technical contact for this Data Call is:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_