

2025 TRIP Section 111 Data Call

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:

The primary technical contact for this Data Call is:

Name: _____

Title: _____

Telephone Number: _____

Email Address: _____