

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF TAXATION  
ONE CAPITOL HILL, PROVIDENCE RI 02908

**ESTATE TAX SECTION**

**INFORMATIONAL RETURN OF INSURANCE COMPANIES**

NAME AND ADDRESS OF INSURANCE COMPANY

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NAME AND ADDRESS OF INSURED OR ANNUITANT

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DATE OF DEATH

IDENTIFYING NUMBER OF CONTRACT

TYPE OF CONTRACT

NAME(S) OF PAYEE:

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AMOUNT OF PROCEEDS IF PAYABLE IN ONE SUM

VALUE OF PROCEEDS IF NOT PAID IN ONE SUM

PROVISIONS OF POLICY WITH RESPECT TO THE DEFERRED PAYMENTS OR INSTALLMENTS

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OWNER OF POLICY IF NOT INSURED

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THE UNDERSIGNED OFFICER OF THE ABOVE NAMED INSURANCE COMPANY HEREBY CERTIFIES THAT THIS STATEMENT IS TRUE AND CORRECT

SIGNATURE

TITLE

DATE

**INSTRUCTIONS**

THIS FORM MUST BE FILED WITH THE RI DIVISION OF TAXATION WITHIN THIRTY (30) DAYS OF RECEIPT OF INFORMATION  
OF THE DEATH OF THE INSURED WHERE THE PAYMENTS MADE OR TO BE MADE EXCEED FIFTY THOUSAND (\$50,000) DOLLARS  
**A SEPARATE STATEMENT MUST BE FILED FOR EACH INSURANCE CONTRACT**

THIS FORM MAY BE DUPLICATED

IT-95 REV 12/95