

State of Rhode Island Division of Taxation
Form IT-95
 Informational Return of Insurance Companies

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|--|----|---------------------------|--------|-----------------------------------|----------|
| Decedent's first name | MI | Last name | Suffix | Decedent's social security number | |
| Decedent's address - Legal residence (domicile) at time of death | | City, town or post office | | State | ZIP code |

| | |
|--|----------|
| Insurance company information | Name: |
| | Address: |
| | |
| Date of death | |
| Type of contract | |
| Name(s) of payee | |
| | |
| | |
| 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 | |
| | |
| | |
| Owner of policy if not the insured | |

INSTRUCTIONS:

This form must be filed with the Rhode Island 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

The undersigned officer of the above named insurance company hereby certifies that this statement is true and correct.

| | | | |
|----------------------|---------------------------|-------|------------------|
| Authorized signature | Print name | Date | Telephone number |
| Address | City, town or post office | State | ZIP Code |
| | | | PTIN |