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

ESTATE TAX SECTION

INFORMATIONAL RETURN OF INSURANCE COMPANIES

Insurance Company Information	Name:
	Address:
Insured or Annuitant 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 name insurance company hereby certifies that this statement is true and correct.

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SIGNATURE TITLE DATE

IT-95
Revised
12/18/2009