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Actuarial Services Division
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Subject: N.C.G.S. §58-36-30(b2) - Consent-to-Rate Data
Written Period: Jan 1, 2025 - Dec 31, 2025
Due Date: April 10, 2026

According to North Carolina General Statutes §58-36-30(b2), the Commissioner shall annually collect consent-to-rate data from insurers who are members of the NC Rate Bureau, and have written homeowners policies under the Rate Bureau jurisdiction in North Carolina for residential real property with not more than four housing units.

Only companies that have data to report on Homeowners Forms HO2, HO3, HO5, HO7, or HO8 must complete this Data Call.

All individual company data in this data call will be considered proprietary and confidential; only the aggregate data will be published annually and posted on the Department of Insurance Website.

General Instructions:

1. Save this excel file into your local drive and replace "XXXXX" in this file name by the five-digit NAIC code of your company.
2. Input the information and the data only in the green highlighted areas.
3. Save this excel file after completing inputting.
4. Email the completed excel file to us via the email address DataCall@ncdoi.gov with the subject "XXXXX-2025_NC_CTR_58-36-30(b2)". Replace "XXXXX" with your company's 5 digit NAIC code.
5. If company does not write any homeowners policy: do nothing.
6. If company writes any homeowners policy on forms HO2, HO3, HO5, HO7, or HO8:
 - a. has no CTR policies: please complete Verification Form and 58-36-30(b2)_HO-Owners, columns (1), (2) and (9); save the excel file, then email it to us; **OR**
 - b. has CTR policies: please complete Verification Form and 58-36-30(b2)_HO-Owners, columns (1) through (5) and (9); save the excel file, then email it to us.

Specific Instructions to Complete the Verification Form

1. Input your company's 5-digit NAIC code (in blue), then the most recent contact info will generate.
2. When information is not available, the cells appears as blank; or, when the information needs to be updated, just type in the required info in the green highlighted areas.
3. It is required that the Contact Person and the Officer / Director / Manager sign the Form by typing the names of the Contact and the Officer as signatures in the Form.

Specific Instructions to Input Data in Worksheet 58-36-30(b2) HO-Owners

1. Input whole numbers only without any comma or decimal point.
2. Details of columns:
 - (1) Total # Policies Written: Total number of all policies that are written in the written period in the territory.
 - (2) Total Actual Premium Written: Sum of actual premiums of all policies that are written in the written period.
 - (3) Total # CTR Policies Written: Number of CTR policies that are written in the written period.
 - (4) Total Manual Premium of CTR Policies: Sum of NCRB manual premiums of CTR policies including all applicable/related factors and endorsements.
 - (5) Total Consented Premium of CTR Policies: Sum of actual premiums (manual premiums plus consented amounts above the manual premiums) that company charges CTR policyholders, including all applicable/related factors and endorsements.
 - (9) Company's 2025 Annual Statement, Statutory Page 14, Line 4, Homeowners multiple peril, Direct premiums written.

If you have any question or concern, please email to DataCall@ncdoi.gov

We greatly appreciate your cooperation in this matter.

NORTH CAROLINA DEPARTMENT OF INSURANCE

N.C.G.S. §58-36-30(b2) - Consent-to-Rate Data

Written Period: Jan 1, 2025 - Dec 31, 2025

Due Date: April 10, 2026

Verification Form

In complying with the North Carolina General Statute §58-36-30(b2), the company acknowledges that the information and data provided in this Data Call are true and accurate to the best of the knowledge of the Contact Person and the Company Officer, Director, or Manager whose signatures appear below.

Company NAIC Code (5 digits): **99999**

Company Name: **ALL COMPANIES**

Address (line 1):

Address (line 2):

City:

State (abbreviation, 2 letters):

Zip Code:

Contact Person:

First Name M.I. Last Name

Phone Number (123-456-7890): Ext.

Email Address:

By typing my name, I indicate my consent to use an electronic signature, that acts as a traditional handwritten signature and I agree to all the terms of this Verification Form.

Contact Person's signature

Officer / Director / Manager:

First Name M.I. Last Name

Phone Number (123-456-7890): Ext.

Email Address:

By typing my name, I indicate my consent to use an electronic signature, that acts as a traditional handwritten signature and I agree to all the terms of this Verification Form.

Officer, Director, or Manager's signature

North Carolina Insurance Department
N.C.G.S. §58-36-30(b2) - Consent-to-Rate Data
Subject: Consent-to-Rate (CTR) Policies - Residential Property (Not More Than 4 Housing Units)
Due Date: April 10, 2026

Company Name: ALL COMPANIES
Company NAIC Code: 99999
Written Period: Jan 1, 2025 - Dec 31, 2025

Owners Forms (HO2, HO3, HO5, HO7, or HO8)

Territory	(1)	(2)	(3)	(4)	(5)	(6) = (3) / (1)	(7) = (5) / (2)	(8) = [(5)-(4)] / (3)
	Total Policies		Total CTR Policies			% of CTR Policies of Total Policies		Avg Premium Difference per CTR Policy
	# Policies Written	Actual Written Premium	# CTR Policies Written	Manual Premium	Consented Premium	% # CTR Policies	% CTR Policy Premium	
110	19,761	50,399,567	7,057	27,334,991	31,049,067	35.7%	61.6%	526
120	26,561	61,220,920	10,664	36,416,448	42,454,581	40.2%	69.3%	566
130	14,323	23,585,345	4,268	7,895,038	9,934,298	29.8%	42.1%	478
140	110,162	173,047,624	28,508	61,521,333	74,500,040	25.9%	43.1%	455
150	54,408	80,389,914	16,599	25,374,253	34,825,016	30.5%	43.3%	569
160	56,252	76,930,690	16,560	24,130,834	30,738,897	29.4%	40.0%	399
170	5,428	9,377,174	3,472	4,698,838	6,635,128	64.0%	70.8%	558
180	63,728	121,392,576	37,447	57,889,134	80,520,295	58.8%	66.3%	604
190	16,136	32,565,058	9,286	15,264,084	20,842,654	57.5%	64.0%	601
200	7,815	16,868,445	4,237	7,665,902	10,430,951	54.2%	61.8%	653
210	24,678	39,432,014	13,628	17,975,854	24,908,633	55.2%	63.2%	509
220	72,581	146,891,404	47,382	76,836,925	110,229,614	65.3%	75.0%	705
230	20,253	36,987,410	11,092	16,802,051	22,872,480	54.8%	61.8%	547
240	117,139	194,843,139	62,576	87,324,453	122,672,337	53.4%	63.0%	565
250	49,417	89,203,914	28,120	42,791,757	61,088,636	56.9%	68.5%	651
260	36,183	54,543,581	22,721	26,454,046	38,061,313	62.8%	69.8%	511
270	360,527	679,472,131	205,778	318,121,363	458,037,818	57.1%	67.4%	680
280	57,143	105,976,140	31,909	49,209,279	68,448,431	55.8%	64.6%	603
290	46,080	81,192,479	24,944	37,487,151	50,874,232	54.1%	62.7%	537
300	17,476	28,359,984	9,722	13,052,453	17,872,305	55.6%	63.0%	496
310	322,169	465,612,118	199,576	232,525,658	326,381,338	61.9%	70.1%	470
320	173,129	252,946,738	92,651	116,400,207	159,744,968	53.5%	63.2%	468
330	8,896	11,381,261	5,313	5,636,726	7,470,028	59.7%	65.6%	345
340	401,755	721,263,822	254,705	357,121,622	520,938,346	63.4%	72.2%	643
350	125,873	181,441,313	72,396	86,349,987	120,355,131	57.5%	66.3%	470
360	248,180	363,888,827	145,327	176,730,458	238,492,203	58.6%	65.5%	425
370	13,432	24,165,031	7,486	11,073,282	14,553,712	55.7%	60.2%	465
380	44,838	70,359,066	26,491	35,115,482	46,580,288	59.1%	66.2%	433
390	51,654	85,030,222	27,714	38,906,833	51,925,464	53.7%	61.1%	470
Statewide	2,565,977	4,278,767,909	1,427,629	2,014,106,444	2,803,438,206	55.6%	65.5%	553
(9) Annual Statement, Statutory Page 14, Line 4, Homeowners multiple peril, Direct premiums written:								
		4,532,302,166						
(10): Statewide(2) - (9)		-253,534,256						
(11): (10) / (9)		-6%						