



**North Carolina Department of Insurance  
Accredited Reinsurer Renewal Application**

North Carolina Department of Insurance  
Mike Causey, Commissioner  
Financial Analysis Section  
1203 Mail Services Center  
Raleigh, NC 27699-1203

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**Part 1: Insurer Information**

1. NAIC CoCode: \_\_\_\_\_
2. Company Name: \_\_\_\_\_
3. NAIC Group Code: \_\_\_\_\_
4. NAIC Group Name: \_\_\_\_\_
5. State of Domicile: \_\_\_\_\_
6. Country of Domicile: \_\_\_\_\_
7. Company's Mailing Address:
  - Address \_\_\_\_\_
  - City \_\_\_\_\_
  - State \_\_\_\_\_
  - Zip Code \_\_\_\_\_
8. Main Company Contact Name: \_\_\_\_\_
9. Main Company Contact Phone Number: \_\_\_\_\_
10. Main Company Contract Email Address: \_\_\_\_\_
11. Company President's Name: \_\_\_\_\_
12. Company President's Email Address: \_\_\_\_\_
13. USA Attorney-in-Fact's Name (if applicable): \_\_\_\_\_
14. USA Attorney-in-Fact's Email Address (if applicable): \_\_\_\_\_

**Part 2: Fees**

The annual fee of \$750.00 is payable pursuant to N.C. Gen. Stat. § 58-7-21(b)(2)d.