

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

Certificate of Deposit Request Form

Part 1: Account Information
NAIC CoCode
Company Name
US Bank Account Number(s)
Period Ending
NAIC CoCode
Company Name
US Bank Account Number(s)
Period Ending
NAIC CoCode
Company Name
US Bank Account Number(s)
Period Ending
¹ For large insurance groups, a separate attachment that includes the information required by Part 1 for each insurer can be submitted in lieu of multiple Certificate of Deposit Request Forms. Part 2: Request Fulfillment Information The Department should send the Certificate of Deposit via the method outlined below to the specified individual(s).
Mail Email Both
Recipient Name(s)
Recipient Email Address(es)
Recipient Mailing Address:
Address
• City
• State
Zip Code