

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

## **Certificate of Deposit Request Form**

Part 1: Account Information 1
NAIC CoCode
Company Name
US Bank Account Number(s)
Period Ending
NAIC CoCode
Company Name
US Bank Account Number(s)
Period Ending
NAIC CaCada
NAIC CoCode
Company Name
US Bank Account Number(s)
Period Ending
<sup>1</sup> For large insurance groups, a separate attachment that includes the information required by Part 1 for each insurer can be submitte 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