

INSTRUCTIONS FOR LICENSE UPDATE FORM:

NOTE: Failure to properly respond and/or complete this form can jeopardize the licensing of the insurer. **It is not necessary to file a hard copy of this form if the applicable license renewal fee payment has been made using the "Electronic Payment Option."**

Not Utilizing Electronic Payment Option

If not using the "Electronic Payment Option," proceed as follows:

1. Complete the form.
2. This form is due annually no later than March 1st. Enclose a check payable to the "North Carolina Department of Insurance" for payment of the fees specified in Part 2 of this form. Checks must include the following information on the check stub:
 - (1) NAIC Company Code.
 - (2) Company Name, if different than the payor on the check.

If a check is payment for more than one insurer's fees, the check stub must include the above information for EACH insurer.

3. Mail the completed License Update Form and Fee Schedule with enclosed check to:

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

or by carrier other than the US Postal Service

North Carolina Department of Insurance
Financial Analysis Section
3200 Beechleaf Court Tower 1
Raleigh, NC 27604

4. This form is **NOT** to be mailed with the annual statement.

Utilizing Electronic Payment Option

If using the "Electronic Payment Option," enter the five-digit NAIC Company Code, and review the demographic and contact information on file with the North Carolina Department of Insurance for accuracy, making any necessary changes.

If needed for accounts payable purposes, the Company Number for the North Carolina Department of Insurance is 9044036175.



**North Carolina Department of Insurance
Annual License Update Form and Fee Schedule**

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

Part 1: Insurer Information

1. NAIC CoCode: _____
2. Company Name: _____
3. Company Type (See Chart in Part 2 for Type Choices): _____
4. NAIC Group Code: _____
5. NAIC Group Name: _____
6. State of Domicile: _____
7. Company President Name: _____
8. Company President Email Address: _____
9. Company's Mailing Address:
 - Address _____
 - City _____
 - State _____
 - Zip Code _____
10. Business Primary Phone Number: _____
11. Business Toll Free Phone Number: _____
12. Financial Statement Contact Name: _____
13. Financial Statement Contact Phone Number: _____
14. Financial Statement Contact Email Address: _____

Part 2: Fees

The annual license continuation fee is payable (pursuant to N.C. Gen. Stat. § 58-6-7; 58-65-55; 58-67-160; and/or 58-93-30) as follows:

COMPANY TYPE	ANNUAL LICENSE CONTINUATION FEE
County Farm Mutual Company	\$25.00
Fraternal Company	\$500.00
Nonadmitted Domestic Surplus Lines Insurer	\$1,000.00
Hospital, Medical, Dental Service Corp: Single Service	\$1,500.00
Full Service	\$2,500.00
Health Maintenance Organization	\$2,000.00
Life and Health	\$2,500.00
Fire and/or Casualty Company	\$2,500.00
Prepaid Health Plan	\$5,000.00