



**North Carolina Department of Insurance
Exempt Reinsurance Intermediary
Annual Contact Information Form**

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

1. Intermediary Name: _____

2. FEIN / SSN: _____

3. Intermediary's Mailing Address:

- Address: _____
- City: _____
- State: _____
- Zip Code: _____

4. Main Contact Name: _____

5. Main Contact Phone Number: _____

6. Main Contract Email Address: _____

7. Toll Free Number: _____

8. Are there any changes to report regarding the intermediary's exemption status in North Carolina?

_____ Yes _____ No

If yes, please attach documentation to support the change.

9. List the state(s) in which the intermediary is licensed: _____

Please attach a copy of the current reinsurance intermediary license from the other state(s).