

NORTH CAROLINA DEPARTMENT OF INSURANCE FORM(S) QUESTIONNAIRE

(1) NAME OF FILING ORGANIZATION _____

(2) FILER'S FILE # _____

(3) PROGRAM TITLE _____

(4) LINE(S) OF INSURANCE _____

(5) HOW MANY NEW FORMS AND/OR REVISED FORMS ARE BEING FILED?

*NEW _____ *REVISED _____

***Attach forms index, including form numbers, edition dates and titles.**

(6) LIST ALL OLD FORM(S) BEING WITHDRAWN AND DEPARTMENT FILE NUMBER

(7) EXPLAIN THE PURPOSE(S) OF THIS FILING. (ATTACH SEPARATE SHEET)

(8) LIST THE STATES WHERE THIS FILING HAS BEEN MADE

(9) HAS THIS FILING BEEN MADE IN YOUR DOMICILIARY STATE? YES NO
IF FILED, WHAT ACTION DID YOUR DOMICILIARY STATE TAKE?

(10) LIST THE STATES THAT HAVE APPROVED THIS FILING

(11) LIST THE STATES THAT HAVE DISAPPROVED THIS FILING AND REASON(S) FOR
DISAPPROVAL (ATTACH SEPARATE SHEET)

(12) ATTACH COPIES OF ALL REQUIRED MODIFICATIONS REFERRED TO IN (10) ABOVE

(13) IF THE FILING IS SIMILAR OR IDENTICAL TO A FILING MADE WITH THE N.C. DEPARTMENT OF INSURANCE BY A LICENSED BUREAU OR LICENSED RATING ORGANIZATION, COMPLETE THE FOLLOWING:

(A) NAME OF AFFILIATED BUREAU OR RATING ORGANIZATION

(B) NAME OF BUREAU OR RATING ORGANIZATION PROGRAM

(C) IDENTIFICATION NUMBER OF BUREAU OR RATING ORGANIZATION PROGRAM _____

(D) ARE YOU A MEMBER ; SUBSCRIBER ; SERVICE PURCHASER

(14) IF THE FILING IS SIMILAR OR IDENTICAL TO A FILING MADE WITH THE N.C. DEPARTMENT OF INSURANCE BY A LICENSED INSURANCE COMPANY IN NORTH CAROLINA, GIVE THE N.C. INSURANCE DEPARTMENT FILE NUMBER AND APPROVAL DATE FILE # _____ APPROVAL DATE _____ ON A SEPARATE SHEET, DESCRIBE THE DIFFERENCE(S), IF ANY, BETWEEN YOUR FORM(S) AND THOSE OF THE PREVIOUSLY APPROVED PROGRAM

(15) COMPUTER PRINTED DECLARATIONS PAGES SHOULD BE COMPLETED IN "JOHN DOE" FASHION AND ATTACHED.

(16) PROPOSED EFFECTIVE DATE AND RULE OF IMPLEMENTATION

(17) IF FILING AN EXCLUSION, DOES THIS EXCLUSION HAVE ANY PREMIUM IMPACT?

NO YES. IS THIS COVERED IN A COMPANION FILING? NO YES

PROVIDE COMPANY/NCDOI FILE NO. FOR COMPANION FILING _____

(18) I CERTIFY THAT THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF OFFICER OF THE COMPANY OR HEAD OF THE FILINGS DEPARTMENT