NORTH CAROLINA DEPARTMENT OF INSURANCE
Individual Employers Self-Insurance for Workers' Compensation
Individual Changes in Name, Address, and Business Structure

Financial Oversight and Special Entities Division
Self-Insured Workers' Compensation
1203 Mail Service Center
Raleigh, NC 27699-1203

Under NCGS 97-180(e), every self-insurer shall report promptly to the Commissioner changes in the names and addresses of the businesses if self-insures or intends to self- insure as well as changes in business structure including its divisions, subsidiaries, affiliates, and internal organization. Any changes shall be reported in writing to the Commissioner within 10 days of the effective date of change.

Notification Date (mm/dd/yyyy): _____
Employer Code: _____
Employer Name: _____

EMPLOYER OR SUBSIDIARY NAME AND ADDRESS CHANGE

New Employer/Subsidiary Name: _____

Previous Employer/Subsidiary Name: _____

Effective Date of Change (mm/dd/yyyy): _____

New Physical Address

Street Address: _____

City: _____ State: _____ Zip Code: _____

Company Contact: _____

Contact's Telephone Number: _____

New Mailing Address

Street Address/Post Office Box: _____

City: _____ State: _____ Zip Code: _____

Company Contact: _____

Contact's Telephone Number: _____

THIRD PARTY ADMINISTRATOR (TPA) CHANGE

New TPA: _____

Previous TPA: _____

Effective Date of Change (mm/dd/yyyy): _____

NORTH CAROLINA SUBSIDIARY ADDITIONS

Name of Acquired Subsidiary: _____

Date of Acquisition (mm/dd/yyyy): _____

Percentage Ownership: _____

Total Uninsured Loss Claims: _____

Requested Date to Self-Insure (mm/dd/yyyy): _____

NORTH CAROLINA SUBSIDIARY DELETIONS

Name of Disposed Subsidiary: _____

Effective Termination Date (mm/dd/yyyy): _____

MERGERS AND ACQUISITIONS

Effective Date of Merger/Acquisitions (mm/dd/yyyy): _____

Name of Acquired Company: _____

Name of Surviving Company: _____

Surviving Company's Fiscal Year End (mm/dd/yyyy): _____

Signature of Authorized Company Officer: _____

Title of Authorized Company Officer: _____

Date (mm/dd/yyyy): _____