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

Accredited Reinsurer Renewal Application

PRINT

Part 1: Insurer Information

1. NAIC CoCode or Alien ID Number _____
2. Company Name _____
3. Company Primary Phone Number [1] _____
4. Company Toll Free Number [1] _____
5. Main Company Contact Name [2] _____
6. Main Company Contact Phone Number [2] _____
7. Main Company Contact Email Address [2] _____
8. Company President's Name _____
9. Company President's Email Address _____

[1] The primary and toll free phone numbers that can be provided to the public.
[2] The person the Department is to contact regarding Accredited Reinsurer matters.

Part 2: Additional Information for Alien Insurers Only

1. NAIC Group Code _____
2. Country of Domicile _____
3. USA Attorney-in-Fact's Name _____
4. USA Attorney-in-Fact's Email Address _____
5. Company's Mailing Address:
   - Address _____
   - City _____
   - State _____
   - Zip Code _____
   - Country _____
6. Company's Statutory Home Office Address:
   - Address _____
   - City _____
   - State _____
   - Zip Code _____
   - Country _____
7. Company's Main Administrative Office Address:
   - Address _____
   - City _____
   - State _____
   - Zip Code _____
   - Country _____

Part 3: Fees

An annual fee of $750.00 is payable pursuant to N.C. Gen. Stat. § 58-7-21(b)(2)d.