



License Update Form

Part 1: Insurer Information

1. NAIC CoCode _____
2. Company Name _____
3. Company Type (See Chart in Part 2 for Type Choices) _____
4. Company Primary Phone Number ¹ _____
5. Company Toll Free Number ¹ _____
6. Company President's Name _____
7. Company President's Email Address _____

¹ The primary and toll free phone numbers that can be provided to the public.

Part 2: Fees

An annual license continuation fee is payable pursuant to N.C. Gen. Stat. § 58-6-7; 58-21-20; 58-65-55; 58-67-160; and/or 58-93-30 as follows:

COMPANY TYPE	FEE AMOUNT
Self-Insured Workers Compensation Group Fund	\$0.00
County Farm Mutual	\$25.00
Fraternal	\$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	\$2,500.00
Title	\$2,500.00
Prepaid Health Plan	\$5,000.00