



North Carolina Department of Insurance
Foreign Risk Retention Group
2024 Registration Renewal Form

North Carolina Department of Insurance
Financial Analysis & Receivership Division
1203 Mail Service Center
Raleigh, NC 27699-1203

Group Name:		NAIC Code:
Mailing Address:		
City:	State:	Zip Code:
Contact Person:	Phone Number:	E-Mail:

I, _____, President of the above referenced Group, do hereby apply for the renewal of said Group as a registered Risk Retention Group in the State of North Carolina for the year 2024.

I do solemnly swear that the said Group accepts in good faith the terms and obligations of the insurance laws of North Carolina as a part of the consideration of its Registration, and that said Group has neither directly nor indirectly violated any of the applicable provisions of Chapter 58 of the General Statutes of the State of North Carolina and of all Acts amendatory or supplementary thereto. It is understood and agreed that said Registration may be revoked as provided in said insurance law. It is further understood and agreed that said Group is required to make timely and proper financial filings effective when said Group was first registered as a Risk Retention Group by the North Carolina Department of Insurance.

Signature of President:	Date:
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Please email completed renewal form to: Christine.Williams@ncdoi.gov