



NORTH CAROLINA DEPARTMENT OF INSURANCE
FINANCIAL EVALUATION DIVISION
COMPANY ADMISSIONS SECTION
REGISTRATION AND UPDATE NOTIFICATION FORM

I. Registration

Applicant Name:

Applicant mailing address:

Applicant President's name:

Applicant phone number:

Applicant fax number:

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Attestation:

I _____, after being duly sworn do hereby depose and state under oath, and certify under penalty of law, that as President of the _____ Group accept in good faith, the terms and obligations of the insurance laws of North Carolina for the consideration of the Group's registration, and that the Group has neither directly nor indirectly violated any of the provisions of Chapter 58 of the North Carolina General Statutes and all relevant amendatory and supplementary Acts. I understand that this registration, if issued, may be revoked as provided in the insurance laws. I understand and agree that the Group is required to make timely and proper financial filings upon the registration of the Group by the North Carolina Department of Insurance.

Subscribed and sealed this the _____ day of _____, 20_____.

Signature of Group President

Name of Group President (typed/printed)

Sworn and Subscribed before me by above affiant this date shown above:

Signature of Notary Public

Name of Notary Public (typed/printed)

My Commission Expires:

FOR NCDUI USE ONLY:

Initial Registration Fee \$500 _____
Renewal Registration Fee \$100 _____

Date Received: _____

Check Number: _____



II. Update Notification Form

RPG Name:

Mailing Address:

City:

State:

Zip Code:

Name of President:

Name of Company Contact:

Telephone Number:

Fax Number:

E-mail Address:

In the space provided list each insurer and the status that the insurer maintains in North Carolina:

Insurer's Name:

North Carolina Status: (please check the appropriate box)

Licensed

Surplus Lines

Risk Retention Group

None

Insurer's Name:

North Carolina Status: (please check the appropriate box)

Licensed

Surplus Lines

Risk Retention Group

None

Insurer's Name:

North Carolina Status: (please check the appropriate box)

Licensed

Surplus Lines

Risk Retention Group

None

Additional Page if Required

RPG Name:

Insurer's Name:

North Carolina Status: (please check the appropriate box)

Licensed

Surplus Lines

Risk Retention Group

None

Insurer's Name:

North Carolina Status: (please check the appropriate box)

Licensed

Surplus Lines

Risk Retention Group

None

Insurer's Name:

North Carolina Status: (please check the appropriate box)

Licensed

Surplus Lines

Risk Retention Group

NonInsurer's

Please complete the "Notice of RPG Using Lloyd's of London" form if the insurer is a Lloyd's of London entity.

Mail To: North Carolina Department of Insurance
Attn: Tom Smith
Financial Evaluation Division
1201 Mail Service Center
Raleigh, NC 27699-1201