

INSTRUCTIONS:

1. This form is in a PDF format. Please download the latest version of Acrobat Reader from this website prior to completing this form.
2. To complete the form use the tab key to direct you through the form's input fields.
3. Once the form is completed just press the print icon on the acrobat reader toolbar to print.
4. Complete the "Signature and Certification" section manually.
5. All North Carolina reinsurance intermediary licenses expire annually on December 31st. In order to renew this license, please complete the "Reinsurance Intermediary Annual Renewal Application", and submit with supporting documentation to the attention of:

Ms. Teresa Browning
Financial Evaluation Division
1203 Mail Service Center
Raleigh, NC 27699-1203

The application and applicable documentation must be received in this office on or before December 1st. Any questions should be directed to Teresa Browning at (919) 807-6178 or teresa.browning@ncdoi.gov.

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North Carolina Department Of Insurance Reinsurance Intermediary Annual Renewal - 20 Application

(1) Type of License (choose one of each category a, b and c below)

- a. Broker Manager
- b. Resident Nonresident
- c. Corporate Noncorporate

(2) Name of Reinsurance Intermediary

(3) Street Address of Principal Administrative Office

Street Address of North Carolina Office (if any)

Mailing Address

(4) Telephone Number

Fax Number

E-Mail Address

(5) Contact Person

(6) Does the information filed with the Department of Insurance as part of the original license application remain truthful, valid and correct?

yes no

If no, please attach a description of the information that is no longer truthful, valid or correct.

- (7) Have there been any changes in the officers, directors or appointed employees from those individuals disclosed in the original license application?

yes no

If yes, please attach a listing of the names and positions of the persons involved with these changes. For each new person identified, a completed biographical affidavit must be filed with the renewal application.

- (8) Attach a listing of North Carolina domestic insurers with which the intermediary is currently transacting business.

SIGNATURE AND CERTIFICATION

SIGNATURE

Pursuant to the requirements of North Carolina General Statute 58-9-6, the above referenced licensed Reinsurance Intermediary has cause this application to be duly signed on its behalf in the City of _____ and State of _____, on the _____ day of _____, 20__.

(SEAL)

By: _____

(Name)

(Title)

Attest: _____

(Signature of Officer)

(Title)

CERTIFICATION

The undersigned deposes and says that (s)he has duly executed the attached application dated the ___ day of _____, 20__, for and on behalf of _____, that (s)he is the _____ of such company and that (s)he is authorized to execute and file such instrument. Deponent further says that (s)he is familiar with such instrument and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief.

(Signature)

(Type or Print)