



**North Carolina Department of Insurance  
Risk Retention Group  
2017 Registration Renewal Form**

North Carolina Department of Insurance  
Financial Evaluation Division - RRG  
1201 Mail Service Center  
Raleigh, NC 27699-1201

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 2017.

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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STATE OF: \_\_\_\_\_  
 COUNTY OF: \_\_\_\_\_

Sworn to and subscribed before me, a notary public of said State and County,  
 this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

SEAL

\_\_\_\_\_  
 Notary Public

My Commission Expires \_\_\_\_\_

Please mail this completed form, along with a check made payable to the North Carolina Department of Insurance in the amount of \$1,500.00, to:

**Regular Mail:**

North Carolina Department of Insurance  
Financial Evaluation Division - RRG  
1201 Mail Service Center  
Raleigh, NC 27699-1201

**Overnight Delivery:**

North Carolina Department of Insurance  
Financial Evaluation Division - RRG  
325 North Salisbury Street  
Raleigh, NC 27603

<b>Department Use Only:</b>	
Date Received: _____	Check Number: _____