

INSTRUCTIONS FOR LICENSE UPDATE FORM:

NOTE: Failure to properly respond and/or complete this form can jeopardize the licensing of the insurer.

1. Complete the form.
2. The form is due no later than March 1, 2020. Enclose a check payable to the "North Carolina Department of Insurance" for payment of the fees specified in Part 2 of this form. Checks must include the following information on the check stub:

- (1) NAIC Company Code
- (2) Company name if different than the payor on the check.

If a check is payment for more than one company's fees, the check stub must include the above information for EACH company.

3. Mail the completed License Update Form and Fee Schedule, with enclosed check to:

North Carolina Department of Insurance
ATTN: Sue Ann Webster
Financial Analysis & Receivership Division
1203 Mail Service Center
Raleigh, NC 27699-1203

or by carrier other than the US Postal Service

North Carolina Department of Insurance ATTN:
Sue Ann Webster
Financial Analysis & Receivership Division
325 N. Salisbury Street
Raleigh, NC 27603

4. This form is **NOT** to be mailed with the annual statement.



**North Carolina Department of Insurance
License Update Form and Fee Schedule
2020**

North Carolina Department of Insurance
Mike Causey, Commissioner
Financial Analysis & Receivership Division
1203 Mail Services Center
Raleigh, NC 27699-1203

Part 1: Insurer Information

1. NAIC Code Number: _____
2. Company Name: _____
3. Type of Entity (See Chart in Part 2 for Type Choices): _____
4. Federal Identification Number: _____
5. NAIC Group Number: _____
6. NAIC Group Name: _____
7. City of Domicile: _____
8. State of Domicile: _____
9. President's Name: _____
10. President's Email Address: _____
11. Company's Mailing Address:
 - Street _____
 - City _____
 - State _____
 - Zip Code _____
12. Phone Number: _____
13. Toll Free Phone Number: _____
14. Contact Person's Name: _____
15. Contact Person's Phone Number: _____
16. Contact Person's Email Address: _____

Part 2: Fees

The annual license continuation fee is payable (pursuant to N.C. Gen. Stat. § 58-6-7; 58-67-160; and/or 58-65-55) as follows:

ENTITY TYPE	ANNUAL LICENSE CONTINUATION FEE
County Farm Mutual Company	\$25.00
Fraternal Company	\$500.00
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 Company	\$2,500.00
Prepaid Health Plan	\$5,000.00