

INSTRUCTIONS:

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. Enclose a check, payable to the "North Carolina Department of Insurance", for payment of the fees specified in Part 2 of the 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: Brenda Young
Financial Evaluation Division
1203 Mail Service Center
Raleigh, NC 27699-1203

or

North Carolina Department of Insurance
ATTN: Brenda Young
Financial Evaluation Division
401 Glenwood Avenue
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 2009

Part 1: Insurer Information

1. NAIC Code Number & Company

2. Type of Entity:

County Farm Mutual Company
Fraternal Company

All Other Licensed Insurance Companies

3. Federal Identification Number:

4. NAIC Group Number & Name:

5. City and State of Domicile:

6. President's Name & Email:

7. Company Mailing Address:

8. City:

State:

Zip Code:

9. Phone Number:

10. Toll Free Phone Number:

11. Contact Person's Name:

12. Contact's Phone Number:

13. Contact'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:

ENTITIES	ANNUAL LICENSE CONTINUATION FEE
County Farm Mutual Company	\$ 25.00
Fraternal Company	\$ 500.00
All Other Licensed Insurance Companies	\$ 1,500.00