



North Carolina Department of Insurance
Actuarial Services Division

Wayne Goodwin
Commissioner of Insurance

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2008 NORTH CAROLINA PROFESSIONAL LIABILITY DATA REPORT
VERIFICATION FORM

By our signatures below, we hereby acknowledge that, in accordance with §NCGS 58-2-170 (a) and (b), §NCGS 58-2-190, and 11 NCAC 16.0104:

- The information and data provided to the North Carolina Department of Insurance in the Verification Form and Data Call submissions are true and accurate to the best of the knowledge of the company contact person and company officer, whose names appear below. The Verification Form and Data Call are being submitted on or before August 31, 2009.
IMPORTANT CHANGE FOR 2008: The Verification Form is only required if the company wrote \$25,000 or more in direct written premium in 2008 in North Carolina for "professional liability" insurance.

Please check the following box and complete the information requested below including signatures and dates:

Our "company" (insurer, self-insurer, or risk retention group) wrote \$25,000 or more in direct written premium in 2008 in North Carolina for "professional liability" insurance, so we have submitted the Data Call spreadsheet. "Professional liability" includes Medical Malpractice and Other Liability, lines 11 and 17 on the Annual Statement. These lines of business correspond to North Carolina lines of authority 13b and 14b, respectively. We have reported the data as required by §NCGS 58-2-170 (a) and (b), §NCGS 58-2-190 and 11 NCAC 16.0104.

Company Name:
Address (line 1):
Address (line 2):
City:
State:
Zip Code:
Company NAIC Code:
Group of Company:
Group NAIC Code:

Contact Person:
Mr./Mrs./Ms. First Name M.I. Last Name

Job Title:
Phone Number:
Email Address:

Signature & Date:
Date

Officer:
Mr./Mrs./Ms. First Name M.I. Last Name

Job Title:
Phone Number:

Signature & Date:
Date