

**PLACE THE FOLLOWING ON COMPANY LETTERHEAD**

*Replace the word "APPLICANT" with the actual name of the applicant.*

**Company Acknowledgement and Agreement of Responsibility to Pay Consultant Fees and Expenses**

APPLICANT has submitted an application for a Prepaid Health Plan ("PHP") license or a request for PHP authority to the North Carolina Department of Insurance ("Department"). APPLICANT understands that the Department has contracted with a consultant to expedite and complete the application review process. APPLICANT acknowledges that, pursuant to North Carolina General Statute §58-93-4(a), the cost of contracts entered into by the Commissioner for the purpose of reviewing applications shall be reimbursed by the APPLICANT. APPLICANT acknowledges that it is responsible for the costs incurred by the Department to review the APPLICANT'S application and unconditionally agrees to pay all such expenses.

The Department will prepare one or more invoices specifying the services provided and expenses incurred. The Department will submit all invoices to APPLICANT. Payment is to be made directly to the Department. APPLICANT agrees to make payment within fourteen (14) days of the receipt of any invoice.

This \_\_\_\_\_ day of \_\_\_\_\_, 2018.

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AUTHORIZED OFFICER  
TITLE  
APPLICANT