



NORTH CAROLINA
DEPARTMENT OF INSURANCE
APPLICATION FOR EXEMPTION
AS A REINSURANCE INTERMEDIARY

(Name of Applicant)

Dated _____, 20____

Name, Title, Address, Email, and Telephone Number of Individual to Whom Notices and
Correspondence Concerning this Application Should be Addressed:

PART A. GENERAL INFORMATION

1. Type of Business: _____

2. Street Address of Principal Administrative Office:

City _____ State _____ Zip Code _____

3. Mailing Address:

City _____ State _____ Zip Code _____

4. Federal Tax ID Number _____

5. Phone # _____ Fax # _____

6. List the state(s) in which the Applicant is licensed, type of license, license number, and expiration date.

PART B. EXEMPTION

1. Select the type of exemption being requested: (Choose One)

- () G.S. 58-9-2(b)(2) BROKER
- () G.S. 58-9-2(c)(3) MANAGER

2. Provide a statement explaining how the Applicant qualifies for exemption from a reinsurance intermediary license in North Carolina. Please refer to the General Instructions for more details. If the Applicant qualifies for an exemption by being a producer in North Carolina or another state having a law or rule substantially similar to Article 9 of Chapter 58 of the North Carolina General Statutes, then provide with the statement a copy of the Applicant's producer license. If the license is from a state other than North Carolina, the copy of the producer license must be certified by the regulatory authority of the state.

3. **MANAGER ONLY** – Provide a list of insurers which the Applicant currently represents or will represent as a reinsurance intermediary manager. Include the insurer’s full name, NAIC Company Code, and state or jurisdiction of domicile.

PART C. SIGNATURE

SIGNATURE

I hereby certify under penalty of perjury that I am acting on my own behalf, and the foregoing statements are true and correct to the best of my knowledge and belief. Pursuant to the requirements of North Carolina General Statute 58-9-6, [Name of Applicant] has caused this application to be duly signed on its behalf in the City of _____ and the State of _____, on the ____ day of _____, 20__.

(Name of Applicant)

By: _____
(Signature)

(Printed Name)

(Title)