

**NORTH CAROLINA
DEPARTMENT OF INSURANCE**

APPLICATION FOR EXEMPTION AS A REINSURANCE INTERMEDIARY

GENERAL INSTRUCTIONS

1. COVER PAGE

This application is for an Applicant requesting to be exempted from licensure as a Reinsurance Intermediary in North Carolina. The Applicant must include the name of Applicant, date application submitted to the Department, and all current contact information for the contact person for the Applicant. The contact person provided will be the individual to whom all correspondence is directed during the application review process.

2. PART A. GENERAL INFORMATION

Please provide complete answers to Items 1 through 6. If an item is not applicable, then mark the item as "N/A". Do not leave an item blank. Provide supporting statement(s), as needed, for the various items.

3. PART B. EXEMPTION

In Part B, Item 1, the Applicant must choose the type of exemption being requested. Provide all documentation necessary to support how the Applicant qualifies for an exemption from licensure as a Reinsurance Intermediary in North Carolina. Part B, Item 3 is only applicable to an Applicant who is a reinsurance intermediary manager applying for an exemption.

An Applicant would qualify for exemption if it satisfies one of the following:

- a. G.S. 58-9-2(b)(2): Acts as a Broker in North Carolina, maintains an office in a state other than North Carolina, and is an insurance agent or insurance broker licensed under Article 33 of the North Carolina Insurance Laws or a Reinsurance Intermediary Broker licensed in a state having a law or rule substantially similar to Article 9 of the North Carolina Insurance Laws; or

- b. G.S. 58-9-2(c)(3): Acts as a Manager in a state other than North Carolina, for an insurer licensed but not domiciled in North Carolina, and is an insurance agent or insurance broker licensed under Article 33 of the North Carolina Insurance laws or a Reinsurance Intermediary Manager licensed in a state having a law or rule substantially similar to Article 9 of the North Carolina Insurance Laws.

4. PART C. SIGNATURE

Complete the signature portion of the application in full, leaving no items blank.

5. GENERAL INFORMATION FOR REINSURANCE INTERMEDIARIES

The completed application should be filed to the attention of:

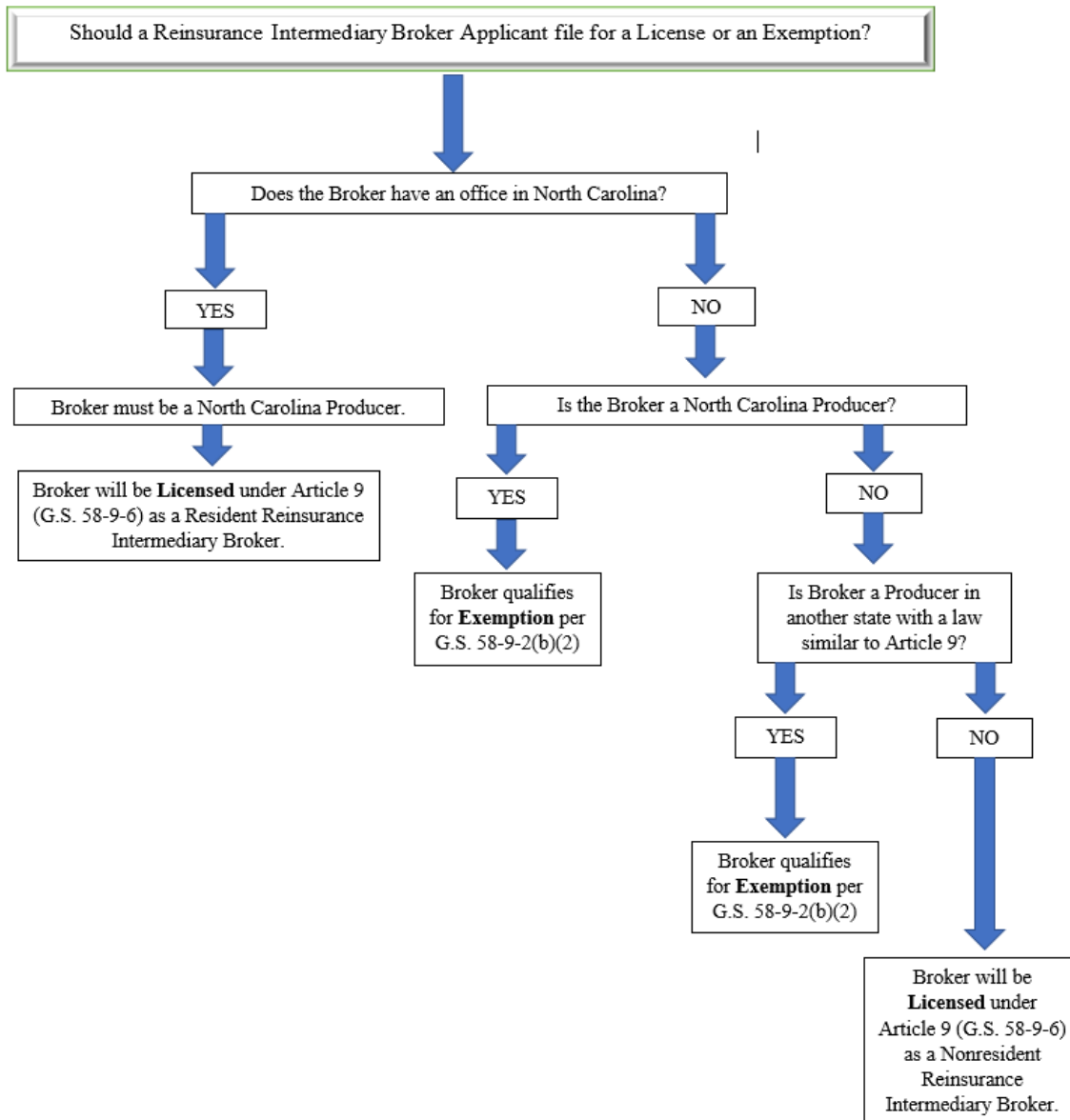
Mr. Scott Wicker
North Carolina Department of Insurance
Financial Analysis & Receivership Division
Financial Analysis Section
1203 Mail Service Center
Raleigh, NC 27699-1203

Exemptions from licensure as a Reinsurance Intermediary in North Carolina will be subject to periodic confirmation by the Department. Annually, the Department will provide an exemption update package to each exempt Reinsurance Intermediary during the month of October.

6. REINSURANCE INTERMEDIARY FLOW CHARTS

The following flow charts have been designed to assist an Applicant in selecting the correct application to complete.

REINSURANCE INTERMEDIARY BROKER APPLICATION FLOW CHART



REINSURANCE INTERMEDIARY MANAGER APPLICATION FLOW CHART

