

**NORTH CAROLINA
DEPARTMENT OF INSURANCE**

APPLICATION FOR LICENSE AS A REINSURANCE INTERMEDIARY

GENERAL INSTRUCTIONS

1. COVER PAGE

This application is for a license 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. TYPE OF LICENSE

The Applicant must choose at least one (1) category from each of Items 1 through 3 listed in Part A. Item 1 requires the Applicant to choose whether it will be licensed as a Reinsurance Intermediary Broker or Manager. Item 2 requires the Applicant to identify whether it is a resident or nonresident. Item 3 requires the Applicant to identify whether it is a corporate or noncorporate entity.

3. PART B. GENERAL INFORMATION

Please provide complete answers to Items 1 through 12. 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. For Item 7 (Page 3) and Item 11 (Page 4), "Controlling person" is as defined in G.S. 58-9-2(a)(4).

4. PART C. BROKER

An Applicant requesting to be licensed as a Reinsurance Intermediary Broker in Part A must complete Parts B, C, E, G, and H of the application. If the Applicant is a nonresident, Part F must also be completed.

Please provide complete information and supporting documentation for Part C, Items 1 through 6. For Item 6, provide a sample copy of a written authorization entered into between the Applicant and a ceding insurer it represents as a Broker. The written authorization must include the provisions required by G.S. 58-9-11(a).

5. PART D. MANAGER

An Applicant requesting to be licensed as a Reinsurance Intermediary Manager in Part A must complete Parts B, D, E, G and H of the application. If the Applicant is a nonresident, Part F must also be completed.

Please provide complete information and supporting documentation for Part D, Items 1 through 12. For Item 8, provide a copy of each approved contract pursuant to which the Applicant acts as a Manager. The approved contract must be certified by an officer of the Applicant as being a true and complete copy of the contract approved by the reinsurer's board of directors. The contract must include the provisions required by G.S. 58-9-16(a).

6. PART E. PERSONS TO ACT AS INTERMEDIARIES

Provide a listing of persons, including their title/position and Social Security Number, who will act as an intermediary under the license being requested. For each person listed, complete a Biographical Affidavit using NAIC Form 11. A link to NAIC Form 11 is also located on the Department's website at <https://www.ncdoi.gov/licensees/company-licensing-and-registration/reinsurance-intermediary>.

If the Applicant is a corporate entity, the listing must include the following: all officers, directors, and designated employees who will act as intermediaries.

If the Applicant is a noncorporate entity, the listing must include all members of the entity and any designated employees who will act as intermediaries.

7. PART F. NONRESIDENT APPLICANT

A Consent to Service of Process Form must be completed if the Applicant is a nonresident. This form is located on the Department's website at <https://www.ncdoi.gov/licensees/company-licensing-and-registration/reinsurance-intermediary>.

Upon licensure, the Applicant must notify the Department in writing of every change in the designated agent for service of process within five (5) business days after the change. The change will not become effective until acknowledged by the Department.

8. PART G. EXHIBITS

All exhibits filed with the application must be assigned an identifying number that indicates to which Part of the application it relates. For example, an organizational chart filed pursuant to Part B, Item 7 of the application could be numbered "Exhibit B.7."

9. PART H. SIGNATURE

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

10. GENERAL INFORMATION FOR REINSURANCE INTERMEDIARIES

The completed application should be filed to the attention of:

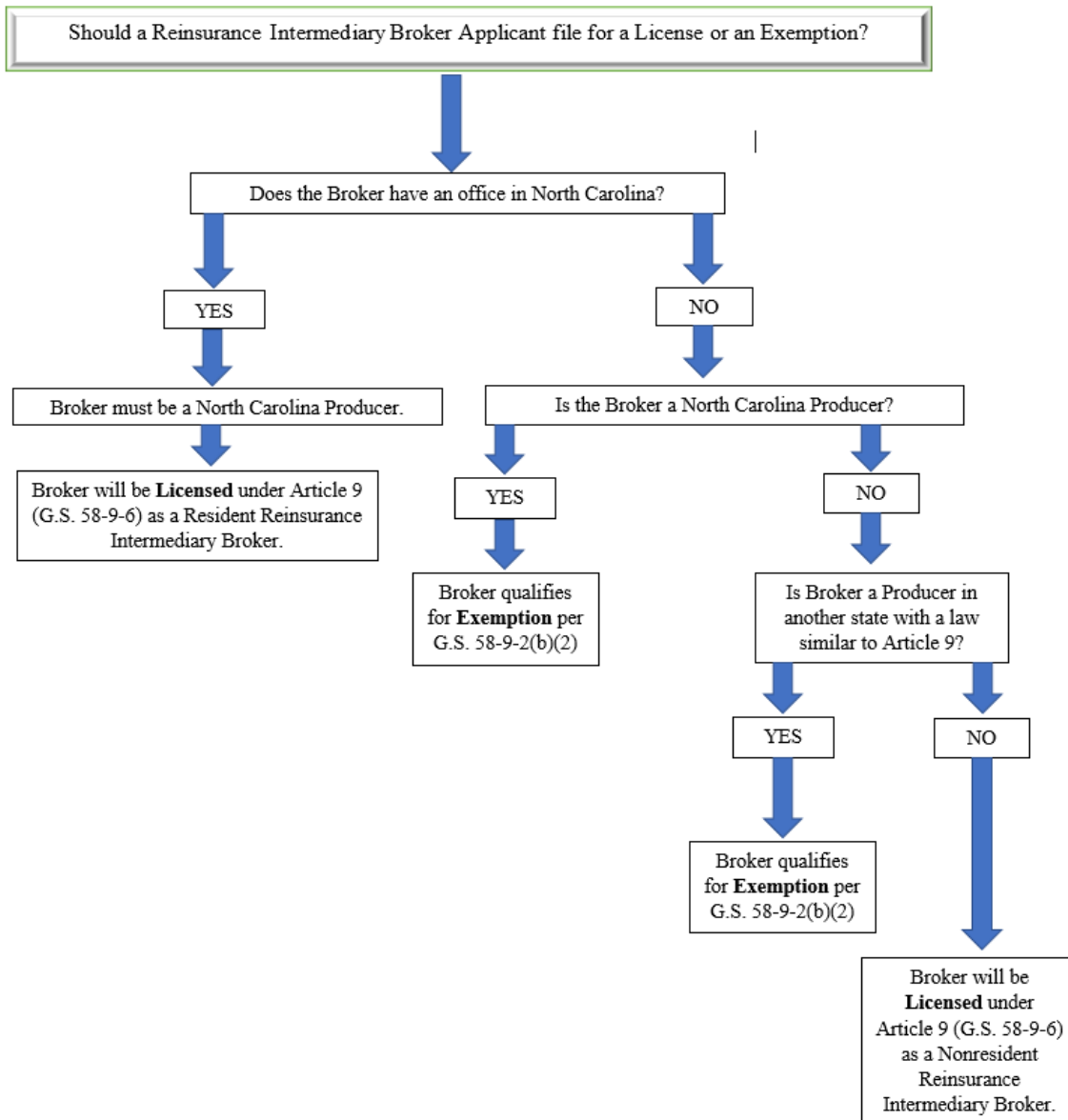
Mr. Scott Wicker
North Carolina Department of Insurance
Financial Analysis & Receivership Division
Financial Analysis Section
1203 Mail Service Center
Raleigh, NC 27699-1203

Once issued, a Reinsurance Intermediary License will be a perpetual license. Annually, the Department will provide a license update package to each licensed Reinsurance Intermediary during the month of October.

11. 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

