



**Licensed Reinsurance Intermediary Renewal Application**

**Part 1: Licensed Reinsurance Intermediary Information**

1. RIB Number \_\_\_\_\_
2. Intermediary Name \_\_\_\_\_
3. State of Domicile \_\_\_\_\_
4. Primary Phone Number <sup>1</sup> \_\_\_\_\_
5. Toll Free Number <sup>1</sup> \_\_\_\_\_
6. Intermediary's Mailing Address:
  - Address \_\_\_\_\_
  - City \_\_\_\_\_
  - State \_\_\_\_\_
  - Zip Code \_\_\_\_\_
7. Intermediary's Statutory Home Office Address:
  - Address \_\_\_\_\_
  - City \_\_\_\_\_
  - State \_\_\_\_\_
  - Zip Code \_\_\_\_\_
8. Intermediary's Main Administrative Office Address:
  - Address \_\_\_\_\_
  - City \_\_\_\_\_
  - State \_\_\_\_\_
  - Zip Code \_\_\_\_\_
9. Main Contact Name <sup>2</sup> \_\_\_\_\_
10. Main Contact Phone Number <sup>2</sup> \_\_\_\_\_
11. Main Contact Email Address <sup>2</sup> \_\_\_\_\_

<sup>1</sup> The primary and toll free phone numbers that can be provided to the public.

<sup>2</sup> The person the Department is to contact regarding Reinsurance Intermediary matters.



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**Part 2: Licensed Reinsurance Intermediary Affirmation Questions**

1. Does the information filed with the Department as part of the original license application remain truthful, valid and correct?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**If no, please attach a description of the information that is no longer truthful, valid or correct.**

2. Have there been any changes in the officers, directors or appointed employees from those individuals disclosed in the original license application?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**If yes, please attach a listing of the names and positions of persons involved with these changes. For each new person identified, a completed biographical affidavit must be filed with the renewal application.**

3. List below North Carolina domestic insurers with which the intermediary is currently transacting business. A separate listing can be attached, if necessary.

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