



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 ¹ _____
5. Toll Free Number ¹ _____
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 ² _____
10. Main Contact Phone Number ² _____
11. Main Contact Email Address ² _____
12. Administrator's Name _____
13. Administrator's Email Address _____

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

² The person the Department is to contact regarding Risk Purchasing Group 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.
