



**Surplus Lines Insurer Renewal Application**

**Part 1: Insurer Information**

1. NAIC CoCode or Alien ID Number \_\_\_\_\_
2. Company Name \_\_\_\_\_
3. Company Primary Phone Number <sup>1</sup> \_\_\_\_\_
4. Company Toll Free Number <sup>1</sup> \_\_\_\_\_
5. Main Company Contact Name <sup>2</sup> \_\_\_\_\_
6. Main Company Contact Phone Number <sup>2</sup> \_\_\_\_\_
7. Main Company Contact Email Address <sup>2</sup> \_\_\_\_\_
8. Company President's Name \_\_\_\_\_
9. Company President's Email Address \_\_\_\_\_

<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 Surplus Lines Insurer matters.

**Part 2: Additional Information for Alien Insurers Only**

1. NAIC Group Code \_\_\_\_\_
2. Country of Domicile \_\_\_\_\_
3. USA Attorney-in-Fact's Name \_\_\_\_\_
4. USA Attorney-in-Fact's Email Address \_\_\_\_\_
5. Company's Mailing Address:
  - Address \_\_\_\_\_
  - City \_\_\_\_\_
  - State \_\_\_\_\_
  - Zip Code \_\_\_\_\_
  - Country \_\_\_\_\_
6. Company's Statutory Home Office Address:
  - Address \_\_\_\_\_
  - City \_\_\_\_\_
  - State \_\_\_\_\_
  - Zip Code \_\_\_\_\_
  - Country \_\_\_\_\_
7. Company's Main Administrative Office Address:
  - Address \_\_\_\_\_
  - City \_\_\_\_\_
  - State \_\_\_\_\_
  - Zip Code \_\_\_\_\_
  - Country \_\_\_\_\_

**Part 3: Fees**

An annual fee of \$1,000.00 is payable pursuant to N.C. Gen. Stat. § 58-21-20(c).