

**NORTH CAROLINA DEPARTMENT OF INSURANCE  
FORM FILING QUESTIONNAIRE ENHANCEMENT**

INSURER NAME \_\_\_\_\_

1. INSURANCE COMPANY FILE NUMBER \_\_\_\_\_

2. SUBLINE/PROGRAM TITLE (IF APPLICABLE) \_\_\_\_\_

3. LINE OF INSURANCE: \_\_\_\_\_

4. PROPOSED EFFECTIVE DATE: (NEW) \_\_\_\_\_ (RENEWAL) \_\_\_\_\_

5. EXPLAIN THE PURPOSE OF THIS PRODUCT/FILING. (ATTACH SEPARATE SHEET)

6. LIST THE STATES WHERE THIS PRODUCT/FILING HAS BEEN MADE:

\_\_\_\_\_

7. LIST THE STATES THAT HAVE APPROVED THIS PRODUCT/FILING:

\_\_\_\_\_

8. LIST THE STATES THAT HAVE DISAPPROVED THIS PRODUCT/FILING AND THE REASONS.

(ATTACH SEPARATE SHEET) \_\_\_\_\_

9. I CERTIFY THAT THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

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SIGNATURE OF COMPANY OFFICER/FILINGS DEPARTMENT HEAD