

**NORTH CAROLINA DEPARTMENT OF INSURANCE
RATE FILING QUESTIONNAIRE: INSTALLMENT PREMIUM PAYMENT PLANS**

(1) Name of Company/Licensed Rating Organization: _____
(2) Filer's File #: _____
(3) Type of filing: Independent company _____ Licensed rating organization _____
(4) Annual Statement line(s) of insurance: _____
(5) Reasons for the filing: _____
(6) Proposed effective date and rules of implementation: _____
(7) Company/licensed rating organization's approximate market share of North Carolina written premium for line(s) involved: Line _____ % Line _____ % Line _____ % Line _____ %
(8) Percentage rate change proposed: _____ %
(9) Estimated total dollar impact of the filing upon North Carolina policyholders: ___ \$ _____
(10) Has Exhibit 1 listing all active filings affecting installment premium payment plans been attached? Yes _____
(11) Has required Exhibit 2, a side-by-side comparison of current and proposed installment charges, been attached? Yes _____
(12) Has required Exhibit 3, a distribution of the number of policies and premium by installment payment options been attached? Yes _____
(13) I certify that the information contained in this questionnaire is true and correct and that the filing complies with statutory requirements to the best of my knowledge. <p style="text-align: center;">SIGNATURE OF COMPANY OFFICER/FILINGS DEPARTMENT HEAD</p>

NOTES

1. After reviewing the filing, the Department may request additional information as specified in North Carolina General Statute 58-41-50.
2. The requirements for a proper filing must be fulfilled no later than sixty days before the effective date of the requested rate change.

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**EXHIBIT 1: EFFECT OF THE PROPOSED FILING ON ACTIVE FILINGS
AFFECTING SUCH PLANS**

(1) Effective Date	(2) NCDOI File #	(3) Type of Filing	(4) Effect of Proposed Filing
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXHIBIT 2: COMPARISON OF CURRENT AND PROPOSED CHARGES

**EXHIBIT 3: DISTRIBUTION OF NUMBER OF POLICIES AND PREMIUM BY
INSTALLMENT PAYMENT OPTIONS**
