



North Carolina Reinsurance Facility Contact Change Form

Please complete the information below to assist us in distribution of circulars, reports, etc. to members of your company.

NAIC Code NCRF Code Lead Company Insurance Company Name (s) ***Hover your mouse over any fillable field for definitions*

CONTACT #1 INFORMATION

Note: This form provides space for two contacts. If > two contact changes needed, additional form(s) must be completed

Contact Name:

Title:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

Email address:
(Required)

Distribution Email:
(Optional)

Remove / Replace:

*No Longer w/Company (Retired - Left Company)
Still with Company - Different Position*

NCRF Report Requests

***Hover over check box for definitions*

Account Activity*

Cession Acknowledgment*

Monthly Accounting*

Req Recoupment Detail Rpt*

FTP Technical*

Financial Statements*

K-1 Partnership*

Proxy Form*

Member Circular

Error Lists*

Audit Requests

** Required "Individual Contact" role*

Internal Control Questionnaire

Claims Audit

Commercial Audit

Private Passenger Audit

Commercial Recoupment

Private Passenger Recoupment

CONTACT #2 INFORMATION

Contact Name:

Title:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

Email address:
(Required)

Distribution Email:
(Optional)

Remove / Replace:

*No Longer w/Company (Retired - Left Company)
Still with Company - Different Position*

NCRF Report Requests

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Account Activity*

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Internal Control Questionnaire

Claims Audit

Commercial Audit

Private Passenger Audit

Commercial Recoupment

Private Passenger Recoupment

Requestor:

Email Address:

Title:

Date:

Please return the completed form to: UpdateContactInfo@ncrb.org
Questions: 919-783-9790