

Email:

North Carolina Rate Bureau **Company Contact Form**

Please complete the information below to assist us in distribution of circulars, reports, etc. to members of your company. NAIC Group Code NAIC Group Name (If Company is in a group, please show the group information)

NAIC Code	Insurance Company Name(s)	NCCI Cod
MAIC COUR	IIISUIAIICE COIIIPAITY NAITIE(S)	11001

		NCRB	
Contact Name:		Qtrly Assessment Bill*∆	Proxy Forms*
Title:		Workers Compensation Notifications	
Mailing Address:		Billing Invoices*△	Manage Data Error/Rejectior
City:		Notice of Assignment*	Manage Data Policy Fine*
State:	Zip Code:	Rating Worksheet	Manage Data USR Rejection
Phone Number:	Fax Number:	Underwriting EXR	Manage Data Unit Stat Fine*
Email address:		Ownership Rulings*	Manage Data Noncomplianc
Distribution Email:		WC Disputes	
Damaya / Danlaga		Circulars	IDC Roles
Remove / Replace:	No Longer w/Company (Retired - Left Company)	Member Automobile	Annual Statements Auto Expense Experience
	Still with Company - Different Position	Property	Property Expense Experience
		Work Comp	Installment Premium Charge(
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	***************************************	NCRB	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
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		Automobile	Auto Expense Experience
		Property Work Comp	Property Expense Experience
		Work Comp	Installment Premium Charge(

Please return the completed form to: UpdateContactInfo@ncrb.org 4140 Parklake Avenue, Ste 320, Raleigh, NC 27612 Phone: 919-783-9790

Date: