Direct Economic Impact of the North Carolina Captive Insurance Program

For the Calendar Year Ending December 31, 20_____

North Carolina Service Provider Report - Form C-203

''	Name of NC Service Provider:	
2)	Name, Email Address, and Telephone Number of Contact Perso	on
3)	ype of NC Service Provider (see list below):	
	 □ Actuarial □ Legal □ Accounting/Audit □ Investment □ Captive Manager □ Other 	
4)	Please provide the total earned or incurred in North Carolina fo	for the following as they relate to the NC captive insurance program:
	a) NC Revenue	\$
	b) NC Personnel Exp. (salaries and benefits paid to NC residen	nts)
	c) NC Rent Exp. (rent expenses paid to businesses in NC)	
	d) NC Travel, Meals & Entertainment Exp. (paid to busines.	esses in NC)
e) NC Equipment and Supply Purchases (paid to businesses in NC)		ses in NC)
	f) NC External Service Provider Fees (paid to businesses in	in NC)
	i) Accounting ii) Auditing iii) Legal iv) Other	
	g) Other	
	 i) Expenses Related to Captive Insurance Continuing Education Events in NC ii) Expenses Related to Captive Insurance Conferences/Promotional Events in NC iii) All Other Expenses 	
	Total Expenses	\$
	Total North Carolina Captive Insurance Program Impact Number of NC Jobs Attributed to North Carolina Captive I	\$

INSTRUCTIONS

- 1 The NCDOI requests each captive insurance service provider conducting business in North Carolina submit a completed report by March 1st of each year.
- Include only the revenues earned and expenses incurred in North Carolina during the calendar year. The purpose of this report is to determine the economic benefit the captive insurance service provider provided to North Carolina during the reporting period.
- 3 Use rounded dollars.