

NORTH CAROLINA DEPARTMENT OF INSURANCE

Individual Employers Self-Insured for Workers' Compensation Statement of Workers' Compensation Benefits and Obligations

FINANCIAL OVERSIGHT AND SPECIAL ENTITIES DIVISION

1203 Mail Service Center

Raleigh, North Carolina 27699-1203

3200 Beechleaf Court

Raleigh, North Carolina 27604

The North Carolina General Statutes §97-180 (c) requires that every self-insurer submit within 120 days after the end of its fiscal year a report in the form of a sworn statement prescribed by the Commissioner, setting forth the total workers' compensation benefits paid in the previous fiscal year, as well as the total outstanding workers' compensation liabilities for each loss year, recorded at the close of its fiscal year for the net retained liability.

Complete and submit this form to: SpecialEntitiesSubmissions@ncdoi.gov.

This is to certify that the _____

- Has paid total North Carolina workers' compensation benefits (including total Loss and Loss Adjustment Expense) of \$ _____ in fiscal year _____.
- Has total outstanding North Carolina workers' compensation liabilities recorded in the financial statements of \$ _____ at fiscal year-end _____ (MM/DD/YYYY).

(This amount represents total future North Carolina workers' compensation obligations for each and every loss year for both case and incurred but not reported (IBNR).)

Has the above stated company provided all information required by the actuary in a true and accurate form that will assist the actuary in expressing an opinion in the Actuarial Certification filed with this Department? Yes No. If no, please explain.

Title of Corporate Officer

Signature of Corporate Officer

Please **Print** Name of Corporate Officer