



Form - C-207 Inactive North Carolina Captive Insurance Companies Annual Update Form

For the Calendar Year Ending December 31, 20_____

1) Name of Captive Insurance Company:

a) Principal Place of Business Address

2) Contact information:

a) Name of Contact Person

b) Contact Person's Mailing Address

c) Contact Person's Email Address

d) Contact Person's Phone Number

3) Registered Agent Information:

a) Name of Registered Agent

b) Registered Agent's Mailing Address

c) Registered Agent's Email Address

d) Registered Agent's Phone Number

4) Statement confirming the inactive captive insurance company is not conducting any insurance business:

5) Statement confirming the inactive captive insurance company possesses at least the amount of required minimum capital and surplus:

6) As an attachment to this Form, the inactive captive insurer is to submit a balance sheet and bank statement(s) supporting the minimum capital and surplus as of the December 31st prior to the filing due date.

Balance Sheet and Bank Statements Attached

INSTRUCTIONS

This report, balance sheet and bank statement(s) are to be filed by all inactive captive insurance companies by March 15th of each year.