



**NORTH CAROLINA DEPARTMENT OF INSURANCE**  
**RALEIGH, NORTH CAROLINA**  
**FINANCIAL ANALYSIS & RECEIVERSHIP DIVISION**  
**SPECIAL ENTITIES SECTION**  
**EMPLOYERS SELF-INSURED FOR WORKERS' COMPENSATION**  
**TERMINATED NC SIWC ANNUAL FILING**

**FISCAL YEAR ENDED:** \_\_\_\_\_

**Submit this form and required information to: [SpecialEntitiesSubmissions@ncdoi.gov](mailto:SpecialEntitiesSubmissions@ncdoi.gov)**

**Note:** In accordance with North Carolina General Statute(s) (“GS”) § 97-185 (h) and §97-180(a) through (c) and (e), this memorandum shall serve as notice that the information required to meet the annual reporting requirements for your **terminated** Self-Insured Workers’ Compensation license is due at the North Carolina Department of Insurance (“Department”) no later than 120 days following the end of your fiscal year.

This form **MUST** be signed and returned to the Department along with the annual filings **within 120 days of your Company’s fiscal year-end.**

**Annual filings are due to the North Carolina Department of Insurance (“Department”) until all North Carolina open Workers’ Compensation claims have either been clinched or closed.**

**Company Information:**

Company Name: \_\_\_\_\_  
 Company Mailing Address:  
     Street: \_\_\_\_\_  
     City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Company Phone: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Contact Title: \_\_\_\_\_  
 Contact Mailing Address:  
     Street: \_\_\_\_\_  
     City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact E-mail Address: \_\_\_\_\_@\_\_\_\_\_  
 Toll Free (if available) Contact Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Ext.\_\_\_\_

**Please provide the following annual documents to the North Carolina Department of Insurance annually depending on your fiscal year-end until all WC claims have been closed:**

- 1. Certified Audited Financial Statement (G.S. § 97-180(a)):** Every self-insurer shall submit a certified audited financial statement, prepared by a CPA or submitted by a foreign registered public accounting firm, for the previous fiscal year-end. The financial statement presentation shall facilitate the application of ratio and trend analysis. If the self-insurer was issued a license pursuant to GS §97-177, the financial statement required under GS §97-180(a) shall be that of the guarantor.



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2. **Actuarial Certification (G.S. § 97-180(b)):** Every self-insurer shall submit a report from a qualified actuary setting forth an opinion certifying the loss and loss adjustment expense reserves for workers' compensation obligations in North Carolina. The report shall show liabilities, excess insurance carrier and other qualifying credits, if any, and net retained workers' compensation liabilities. **The actuary report must include an estimate of ALAE, ULAE and IBNR expenses.**
  
3. **Statement of Workers' Compensation Benefits and Obligations (G.S. § 97-180(c)):** Every self-insurer shall submit 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, and the total outstanding workers' compensation liabilities for each loss year, recorded at the close of its fiscal year for the net retained liability. This form is available on the Department's website by accessing the following hyper-link:

<https://files.nc.gov/doi/documents/self-insured-workers-compensation/benefitsterminated.pdf>.

**Other Requested Information:**

In addition to the above, please provide, in accordance with N.C. Gen. Stat. § 97-190(c), an excess insurance policy and amendments, if any, from a licensed North Carolina insurance company, a captive insurance company licensed in North Carolina, or an eligible surplus lines insurer as defined in N.C. Gen. Stat. § 58-21-10, that verifies the specific and aggregate excess insurance amounts **for the period of time the Company was self-insured in North Carolina and the Policy was enforce.** **The excess insurance policy MUST indicate Specific Limit, Specific Retention, Aggregate Limit and Aggregate Retention amounts.** Please indicate these amounts below. **If the Commissioner has approved a waiver of aggregate excess loss coverage, please provide evidence of the waiver.**

Specific Limit:           \$ \_\_\_\_\_  
 Specific Retention:    \$ \_\_\_\_\_  
 Aggregate Limit:       \$ \_\_\_\_\_  
 Aggregate Retention: \$ \_\_\_\_\_



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**Questions:**

If you have any questions regarding the annual filing requirements, or if you anticipate a problem meeting the filing deadline, please contact one of the Special Entities Section staff at the following contact numbers:

<u>Name</u>	<u>Telephone #</u>	<u>E-Mail Address</u>
Mike McKinney	(919) 807-6628	Mike.McKinney@ncdoi.gov
Nancy Wise	(919) 807-6178	Nancy.Wise@ncdoi.gov

**Attestation (Please Sign and Return):**

I attest that \_\_\_\_\_ (the Company) has provided the required annual filing information as set forth above as of \_\_\_\_\_ (MM/DD/YYYY).

\_\_\_\_\_  
 Signature of Corporate Officer

\_\_\_\_\_  
 Title of Corporate Officer