

# NORTH CAROLINA DEPARTMENT OF INSURANCE

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

### Financial Analysis & Receivership Division Special Entities Section

1203 Mail Service Center  
Raleigh, North Carolina 27699-1203

325 N Salisbury Street  
Raleigh, North Carolina 27603

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](mailto:SpecialEntitiesSubmissions@ncdoi.gov).

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This is to certify that the \_\_\_\_\_

(Corporation)

\_\_\_\_\_  
(Corporate Address)

- 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

Revised (09/2019)