



**North Carolina Department of Insurance**  
**Wayne Goodwin, Commissioner**  
*Captive Insurance Company*  
**Special Purpose Financial Captive Affidavit**

Captive Insurance Section  
 1203 Mail Service Center  
 Raleigh, NC 27699-1203  
 Office (919) 807-6165  
 Fax (919) 807-6635  
 www.nccaptives.com

Applicant Name: \_\_\_\_\_

In accordance with N.C.G.S. § 58-10-565(c)(5), the undersigned hereby verifies that:

- (i) The Applicant complies with the North Carolina Captive Insurance Act;
- (ii) The Applicant will operate only pursuant to the North Carolina Captive Insurance Act;
- (iii) The Applicant's investment strategy reflects and takes into account the liquidity of assets and the reasonable preservation, administration, and asset management of such assets relative to the risks associated with the SPFC contract and the insurance securitization transaction; and
- (iv) The securities proposed to be issued, if any, are valid legal obligations that are either properly registered or constitute an exempt security or form part of an exempt transaction.

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 (Print Name)

\_\_\_\_\_  
 (Title)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 Printed Notary Name

\_\_\_\_\_  
 My Commission Expires

SEAL