



**North Carolina Department of Insurance**  
**Mike Causey, Commissioner**  
**Captive Insurance Company**  
**Financial Statement Attestation**

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

In accordance with N.C.G.S. § 58-10-345(c)(2), this form is to be completed and attached to the financial statement required to be filed with the North Carolina Department of Insurance at the time of application.

Applicant Name: .....

Fiscal Period Covered: Beginning: ..... Ending: .....

In accordance with N.C.G.S. § 58-10-345(c)(2), the undersigned hereby certify that:

- (i) Each has reviewed the attached financial statement;
- (ii) Based on each signatory's knowledge, the attached financial statement does not contain any untrue or misleading statement of material fact or omit any material fact with respect to the period covered by the financial statement; and
- (iii) Based on each signatory's knowledge, the attached financial statement fairly presents in all material respects the financial condition of the Applicant as of, and for, the period presented in the financial statement.

\_\_\_\_\_  
 Signature of President

\_\_\_\_\_  
 Signature of Secretary

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

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

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

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

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

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

SEAL