



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

Ralph T. Hudgens, Commissioner

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INSURANCE COMPANY'S ANNUAL STATEMENT FOR PUBLICATION

REGULATORY SERVICES
GID-011-RS SEP10
(same as **GID-11**)

For the Year Ending _____, 20 _____ NAIC #: _____

Kind of Insurance _____

Of the condition of the _____ Insurance Company

of _____ Organized under the laws of the State of _____

made to the Insurance Commissioner of the State of Georgia in pursuance to the laws of said State.

Statutory Home:

Street Address (* Post Office Box Not Acceptable) _____ City _____ State _____ Zip _____

Total Assets: (Actual Cash Market Value)	\$ _____
Liabilities: Cash Capital paid up	\$ _____
Surplus over All Liabilities	\$ _____
Total Liabilities	\$ _____
Income 12 Month 20 _____	\$ _____
Disbursements 12 Months 20 _____	\$ _____

A copy of the Act of Incorporation, duly certified, is in the Office of the Insurance and Safety Fire Commissioner.

STATE of _____, COUNTY of _____

_____ personally appeared before the undersigned who being duly sworn, deposes and

says that he is the _____ of _____

and that the foregoing statement is correct and true.

NOTARY

Sworn to and Subscribed before Me this _____ day of _____, _____

Signature _____ My Commission Expires _____

(Seal)

NOTE -- The above affidavit may be made by the Chief Officer of the Company, or Agent residing in this State. Attention is called to the extract which follows from the Act of the General Assembly of the State of Georgia, entitled "Georgia Insurance Code of 1960," approved March 8, 1960: "At the time of filing such statement with the Insurance and Safety Fire Commissioner, each company shall publish at its own expense in a newspaper of general circulation published in this State a copy of the statement in short form showing income, assets, expenditures, and liabilities in gross, as of December 31, preceding, to be sworn to by the officer or agent making the same."

NOTE -- This statement will not be considered as filed with the Insurance and Safety Fire Commissioner until the published statement required by the above-cited act accompanies it.

IMPORTANT NOTICE : PLEASE ATTACH TO THIS FORM (WITH A SINGLE STAPLE) THE AFFIDAVIT OF PUBLICATION. THE AFFIDAVIT SHOULD CONTAIN THE NAME OF NEWSPAPER AND DATE OF ISSUE.

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REFERENCE GUIDE

The REFERENCE GUIDE below is provided to show how to obtain the figures for the line items required on the GID-011-RS. The columns to the right of the line items are presented in alphabetical order by kind of insurance. Using the box, where the line item and appropriate kind of insurance column meet, refer to the indicated page, line(s), and column (if any) of the Annual Statement. Perform the required calculation where necessary and place the result on the designated line on the form GID-011-RS.

Example:

For the line item "Liabilities: Cash Capital paid up" of a Property & Casualty (4th column) insurance company, the Annual Statement page 3, lines 30 and 31 of column 1, would be added to obtain the result which would be placed on the corresponding line item of the GID-011-RS form.

REFERENCE GUIDE: for sourcing figures from Annual Statement:

Line Items:	Fraternat	HMO / PHSCC	Life & Health:	Property & Casualty:	Title:
	Page, Line (Column)	Page, Line (Column)	Page, Line (Column)	Page, Line (Column)	Page, Line (Column)
Total Assets: (Actual Cash Market Value)	2, 28	2, 28	2, 28	2, 28 (3)	2, 28 (3)
Liabilities: Cash Capital paid up	N / A	3, 26+27	3, 29+30	3, 30+31 (1)	3, 31.1+31.2
Surplus over All Liabilities	3, 30	3, 33	3, 37	3, 37 minus 3, 30+31 (1)	3, 23
Total Liabilities	3, 25	3, 24	3, 28	3, 28	3, 23
Income 12 Month	4, 9	4, 8	4, 9	4, 1+11+15 (1)	4, 1.1+1.2+1.3+11 (1)
Disbursements 12 Months	4, 18	4, 23	4, 28	4, 6+17+19 (1)	4, 7+14 (1)

!!! TO REDUCE PAPERWORK !!!

Please do not print and submit this REFERENCE GUIDE page with the completed form.