



OFFICE OF COMMISSIONER OF INSURANCE
 COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner

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www.oci.ga.gov

**REPORT OF PERSON(S) PROCURING INSURANCE FROM UNAUTHORIZED INSURERS
 PREMIUM TAX AFFIDAVIT**

PREMIUM TAX

GID-214-PT REV OCT13

FOR THE 30 DAYS ENDING _____

I, _____, the undersigned do hereby depose and state that I am the duly authorized _____ of _____ a _____ (the "Reporting Person(s)") and that such Person(s) has (have) procured, caused to be procured, continued or renewed the insurance listed below with unauthorized insurers upon subjects of insurance resident, located, or to be performed within this state, other than insurance procured through a surplus lines broker or exempted from Article 2 of the Georgia Insurance Code under Code Section 33-5-35:

CODE*

See Attachment

(Transaction Type) Initial Entry ___ Additional Premium ___ Endorsement ___ Return Premium ___ Renewal Premium ___ Other _____

| Policy Number | Effective Date | Name and Address of Insurance Co. | Name and Address of Insured(s) | Subject of Insurance | General Description | Code* | Amount of Premium | Amount of Tax |
|-----------------------|----------------|-----------------------------------|--------------------------------|----------------------|---------------------|-------|-------------------|---------------|
| | | | | | | | | |
| PAGE TOTALS \$ | | | | | | | | |



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| | | | | | | | | |
| | | | | | | | | |

Total premiums for each insurance company reported above must be provided. Failure to do so will result in an incomplete return and may not be considered timely filed.

| TOTAL PREMIUMS BY INSURANCE COMPANY | | | |
|---------------------------------------------------------|--------------|--------------|----------------------|
| <u>Name of Insurance Company/State</u> | <u>State</u> | <u>NAIC#</u> | <u>Total Premium</u> |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| GRAND TOTAL (Must agree with detail Grand Total) | | | \$ _____ |

 Name of Reporting Person(s) (Please Print or type name)

 Deponent (Authorized Representative of Reporting Person)

| | |
|-------------------------------------------------|-------|
| GID # | _____ |
| Contact Name | _____ |
| Street Address | _____ |
| City | _____ |
| State / ZIP | _____ |
| Contact Phone # | _____ |
| <input type="checkbox"/> New Address? Check Box | |
| Email Address | _____ |

Sworn to and subscribed before me
 this _____ day of _____, _____

 Notary Public

(SEAL)

In accordance with the provisions of Georgia Insurance Code Section 33-5-33, all taxes due to the State of Georgia for insurance procured directly from unauthorized insurers are required to be paid coincidentally with the filing of this report and a check in the amount of such taxes due should accompany this report.