

**OFFICE OF COMMISSIONER OF INSURANCE**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

**Ralph T. Hudgens, Commissioner****2 Martin Luther King Jr., Dr., Suite 604, West Tower, Atlanta, GA 30334****Phone: 404-657-9205 ♦ E-mail: BWilliamson@oci.ga.gov**[www.oci.ga.gov](http://www.oci.ga.gov)**INSURANCE FINANCIAL  
OVERSIGHT  
GID-351-RS SEP2015****CONTACT INFORMATION NOTICE**

If contact information is the same for multiple companies within a group, provide the Group Code and list each licensed Georgia company's NAIC Number, then file one document for the group. Please type using upper & lower case letters, do not use handwriting. E-mail completed form to the above E-mail address.

*Single Company Filing:*

<b>Company Name:</b>		<b>NAIC Number:</b>	
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*Multiple Companies Within A Group Filing:*

<b>Group Code:</b>		<b>NAIC Number(s):</b>	
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<i>Administrative Main Office</i>	Address			Phone	
	City		State	Zip	
<i>Catastrophe / Disaster Coordinator*</i>	Contact Name			Phone	
	Address			Fax	
	City		State	Zip	
			Email		
* Only for Property & Casualty insurers that have active policies that could result in losses due to catastrophic event					
<i>Claim Information</i>	Contact Name			Phone	
	Address			Fax	
	City		State	Zip	
			Email		
<i>Company Licenses/Fees Contact</i>	Contact Name			Phone	
	Address			Fax	
	City		State	Zip	
			Email		
<i>Consumer Complaint</i>	Contact Name			Phone	
	Address			Fax	
	City		State	Zip	
			Email		
<i>Deposits Contact</i>	Contact Name			Phone	
	Address			Fax	
	City		State	Zip	
			Email		
<i>Financial Statement</i>	Contact Name			Phone	
	Address			Fax	
	City		State	Zip	
			Email		
<i>Form / Rate Filing</i>	Contact Name			Phone	
	Address			Fax	
	City		State	Zip	
			Email		
<i>Fraud Assessment</i>	Contact Name			Phone	
	Address			Fax	
	City		State	Zip	
			Email		
<i>Local Office in Domestic/Foreign State Contact</i>	Contact Name			Phone	
	Address			Fax	
	City		State	Zip	
			Email		

CONTACT INFORMATION NOTICE

<i>Mailing Address</i>	Address				
	City		State		Zip
<i>Managing General Agent</i>	Contact Name				Phone
	Address				Fax
	City		State		Zip
			Email		
<i>Market Conduct Contact</i>	Contact Name				Phone
	Address				Fax
	City		State		Zip
			Email		
<i>Policy Holder</i>	Contact Name				Phone
	Address				Fax
	City		State		Zip
			Email		
<i>Premium Tax</i>	Contact Name				Phone
	Address				Fax
	City		State		Zip
			Email		
<i>Producer Licensing</i>	Contact Name				Phone
	Address				Fax
	City		State		Zip
			Email		
<i>Regulatory Compliance</i>	Contact Name				Phone
	Address				Fax
	City		State		Zip
			Email		
<i>Service Of Process**</i>	Contact Name				
	Address				
	City		State		Zip
	County				
	** Please note that the service of process must be an individual residing in the State of Georgia				
<i>Statutory Home</i>	Company President				
	Address				
	City		State		Zip

Prepared By:		Date Completed:	
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