OFFICE OF COMMISSIONER OF INSURANCE
STATE OF GEORGIA
REGULATORY SERVICES DIVISION

ROOM 604 WEST TOWER FLOYD BUILDING
2 MARTIN LUTHER KING, JR DRIVE
ATLANTA, GEORGIA 30334

NOTIFICATION TO DEPARTMENT OF INTENT TO SELL INSURANCE IN OR THROUGH FINANCIAL INSTITUTIONS

PLEASE TYPE OR PRINT

FINANCIAL INSTITUTION: _____ **BRANCH LOCATIONS? Y or N**

ADDRESS: _____

_____

PHONE NUMBER: ( ) _____ **CONTACT PERSON:** _____

PLEASE LIST ALL LOCATIONS WHERE AN AGENT WILL BE LOCATED IN A FINANCIAL INSTITUTION

FULL NAME OF BRANCH	LOCATION	NUMBER OF AGENTS ANTICIPATED

LIST ALL INSURANCE COMPANIES, TYPE OF INSURANCE AND POLICY FORM NUMBERS OF INSURANCE THAT WILL BE SOLD

COMPANY	TYPE (Auto, Homeowner, etc.)	POLICY FORM NUMBER

ATTACH ADDITIONAL FORMS IF NECESSARY

I HEREBY CERTIFY THAT THIS FINANCIAL INSTITUTION HAS READ AND UNDERSTANDS THE REGULATIONS REGARDING THE SALE OF INSURANCE IN FINANCIAL INSTITUTIONS

AND

I HEREBY CERTIFY THAT ALL THE INFORMATION IN THIS ENTIRE FORM GID 423FI IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF

_____

SIGNATURE OF HIGHEST RANKING FINANCIAL INSTITUTION OFFICIAL TITLE