

## PROPERTY & CASUALTY INSURERS

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**REQUIRED FILINGS IN THE STATE OF: Georgia Filings Made During the Year 2010**

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
<b>I. NAIC FINANCIAL STATEMENTS</b>								
	1	Annual Statement (8 1/2" x 14")	1	EO	xxx	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	1	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	1	EO	Xxx	5/15, 8/15, 11/15	NAIC	
	3	Protected Cell Annual Statement	1	0	Xxx	3/1	NAIC	
	4	Combined Annual Statement (8 1/2" x 14")	1	EO	Xxx	5/1	NAIC	
<b>II. NAIC SUPPLEMENTS</b>								
	10	Accident & Health Policy Experience Exhibit	1	EO	Xxx	4/1	NAIC	
	11	Actuarial Opinion Summary	1	N/A	Xxx	3/15	Company	
	12	Bail Bond Supplement	1	EO	Xxx	3/1	NAIC	
	13	Combined Insurance Expense Exhibit	1	EO	Xxx	5/1	NAIC	
	14	Credit Insurance Experience Exhibit	1	EO	Xxx	4/1	NAIC	
	15	Exceptions to Reinsurance Attestation Supplement	1	N/A	Xxx	3/1	Company	
	16	Financial Guaranty Insurance Exhibit	1	EO	Xxx	3/1	NAIC	
	17	Investment Risk Interrogatories	1	EO	Xxx	4/1	NAIC	
	18	Insurance Expense Exhibit	1	EO	Xxx	4/1	NAIC	
	19	Long Term Care Experience Reporting Forms	1	EO	Xxx	4/1	NAIC	
	20	Management Discussion & Analysis	1	EO	Xxx	4/1	Company	
	21	Medicare Supplement Insurance Experience Exhibit	1	EO	Xxx	3/1	NAIC	
	22	Medicare Part D Coverage Supplement	1	EO	Xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	23	Premiums Attributed to Protected Cells Exhibit	1	EO	Xxx	3/1	NAIC	
	24	Reinsurance Attestation Supplement	1	EO	Xxx	3/1	Company	
	25	Reinsurance Summary Supplemental	1	EO	Xxx	3/1	NAIC	
	26	Risk-Based Capital Report	1	EO	Xxx	3/1	NAIC	
	27	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	28	Statement of Actuarial Opinion	1	EO	Xxx	3/1	Company	
	29	Supplement A to Schedule T	1	EO	Xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	30	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	31	Trusted Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
<b>III. ELECTRONIC FILING REQUIREMENTS</b>								
	50	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	51	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	52	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	53	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	
	54	Combined Annual Statement Electronic Filing	xxx	1	xxx	5/1	NAIC	
	55	Combined Annual Statement .PDF Filing	xxx	1	xxx	5/1	NAIC	
	56	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	57	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	58	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	59	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	60	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
<b>IV. AUDITED FINANCIAL STATEMENTS</b>								
	71	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	72	Audited Financial Statements	1	EO		6/1	Company	
	73	Audited Financial Statements Exemption Affidavit	1	N/A	N/A	6/1	Company	
	74	Independent CPA	1	N/A	N/A	6/1	Company	
	75	Notification of Adverse Financial Condition	1	N/A	N/A	6/1	Company	
	76	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A	6/1	Company	
	77	Request for Exemption to File	1	N/A	N/A	5/1	Company	
	78	Request to File Consolidated Audited Annual Statements	1	N/A	N/A	5/1	Company	
<b>V. STATE REQUIRED FILINGS</b>								
	101	Certificate of Compliance	N/A	N/A	1	3/1	State	
	102	Certificate of Deposit	N/A	N/A	1	3/1	State	
	103	Filings Checklist (with Column 1 completed)	1	0	1	3/1	State	
	104	State Filing Fees	1	N/A	1	3/1	State	
	105	Signed Jurat	1	xxx	xxx	3/1	State	
	106	List of General Officers	1	N/A	1	3/1	Company	
	107	Producer Controlled Affidavit	1	N/A	N/A	3/1	Company	
	108	GID- 3	1	N/A	1	3/1	State	
	109	GID- 10	1	N/A	1	3/1	State	
	110	GID- 11	1	N/A	1	3/1	State	
	111	GID- 16	1	N/A	N/A	3/1	State	
	112	GID- 18 ( If Applicable )	1	N/A	1	3/1	State	

113	Holding Company Registration Statement	1	N/A	xxx	4/30	State	
114	Exhibit K and Exhibit L (GID- 42, GID-44, GID-45)	1	N/A	1	4/30	State	

\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		
A	Required Filings Contact Person:	Bruce Williamson, Information and Referral Specialist Regulatory Services Division (404) 657-9205 <a href="mailto:bwilliamson@oci.ga.gov">bwilliamson@oci.ga.gov</a>
B	Mailing Address ( <b>only applicable for DOMESTIC Insurers</b> ):	Georgia Department of Insurance Regulatory Services Division 2 Martin Luther King Jr., Drive West Tower, Suite 604, Atlanta, GA 30334
C	Mailing Address for Filing Fees ( <b>only applicable for DOMESTIC Insurers</b> ):	Same as item "B"
D	Mailing Address for Premium Tax Payments:	Georgia Department of Insurance Premium Tax Division 2 Martin Luther King Jr., Drive West Tower, Suite 916, Atlanta, GA 30334
E	Delivery Instructions for <b>DOMESTIC</b> Insurers:	All DOMESTIC annual statement and renewal filings including payment by check payable to the "Georgia Department of Insurance" must be mailed. The renewal fee is \$700. Acceptable delivery methods include U.S. Mail, FedEx, UPS, Airborne Express, etc. Our office will not accept hand deliveries. Each licensed company within a holding company system of multiple Georgia-licensed companies <b>must</b> file separate packets for each licensed company clearly marked with the licensed company name and NAIC number. In the event the office is closed on the due date, the filing is due the next business day.
F	Delivery Instructions for <b>FOREIGN</b> Insurers:	All FOREIGN Insurers must submit annual renewal filings electronically in "PDF" format via the "Company Portal" and pay the \$700 renewal fee electronically. Each Insurer already has one or more individuals that have been designated as the "Company Portal" account manager(s). To search for your "Company Portal" account manager(s) go to the "Company Portal" link located within the "Insurers Home" section of the Department's Home Page ( <a href="http://www.gainsurance.org">www.gainsurance.org</a> ) and follow instructions. The renewal package is available thru the "Company Portal" or within the "Insurers Home" section of the Department's website (more specifically, the "Insurer Renewal Instructions and Forms" area). Once you print the appropriate file of renewal documents, complete all documents within that single file including all necessary signatures, notarizations and attachment(s). Once all the renewal documents are completed, scan all documents into a single "PDF" file and upload the file in the "Annual Renewal" section of the "Company Portal". Payment of renewal fee is a bank to bank transaction accomplished thru an electronic funds transfer outside of the "Company Portal". The Department's banking information for the electronic funds transfer is confidential. To have access to the Department's banking information each company will submit via "Company Portal" an "Official EFT Request" by February 1, 2010. Instructions for the "Official EFT Request" can be found within the "Company Portal" in the "Go to: Official EFT Request" web page. Instructions will direct you to a form that you need to fill out, scan in a "PDF" format and upload the scanned file to the "Official EFT Request" section of the "Company Portal". We will review your request and notify you of the results of the review. Finally, once authorized to use the Department's banking information and payment of renewal fees have occurred, the scanned

		“PDF” file of the funds transfer confirmation is required to be uploaded thru the “Company Portal” for proof of payment. <u>Paper filings will not be accepted.</u>
G	Late Filings:	Filings are due in our office on the date indicated. Late or incomplete filings may be subject to administrative action including fines. (Reg 120-2-18-11)
H	Original Signatures:	All Filings shall have original signatures from the appropriate individuals. If you are a FOREIGN Insurer filing electronically the scanned file of documents with <u>original signatures</u> is acceptable.
I	Signature/Notarization/Certification:	All appropriate shall be signed, notarized and/or certified. If you are a FOREIGN Insurer filing electronically the scanned file of documents with <u>original signatures</u> is acceptable.
J	Amended Filings:	Amended filings shall be submitted to the appropriate division of the department as soon as the amendment(s) become available.
K	Exceptions from normal filings:	All Life Companies, if applicable, the Listing of Exempt filings, per GA Reg. §120-2-25-.04, and/or the Small Group Pooling Certification, per GA Reg. §120-2-10-.12(9) should be sent to the Life & Health Division, Rm. 902, Attn: Tom Carswell. Life and/or Accident Sickness Advertising Certificates, per GA Regs. §120-2-11-.11 and 120-2-12-.19 should be sent to the Life & Health Division, Rm. 902, Attn: Tom Carswell with a fee of \$25 per filing.
L	Bar Codes (State or NAIC):	N/A
M	Signed Jurat:	Required for Domestic Only
N	NONE Filings:	N/A
O	Filings new, discontinued or modified materially since last year:	The “Delivery Instructions for FOREIGN Insurers” (Item F above) is a new procedure. For item 107, a statement of names and personal addresses of all general officers of the Company on Company Letterhead is acceptable.

**General Instructions  
For Companies to Use Checklist**

**Please Note:** This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

**Electronic filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC. Companies are not required to file hard copy filings with the NAIC.**

**Column (1) (Checklist)**

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

**Column (2) (Line #)**

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

**Column (3) (Required Filings)**

Name of item or form to be filed.

The **Annual Statement Electronic Filing** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The **March .PDF Filing** is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The **Risk-Based Capital Electronic Filing** includes all risk-based capital data.

The **Risk -Based Capital .PDF Filing** is the .pdf file for risk-based capital data.

The **Supplemental Electronic Filing** includes all supplements due April 1, per the *Annual Statement Instructions*.

The **Supplemental .PDF Filing** is the .pdf file for all supplemental schedules and exhibits due April 1.

The **Quarterly Statement Electronic Filing** includes the complete quarterly statement data.

The **Quarterly Statement .PDF Filing** is the .pdf file for quarterly statement data.

The **Combined Annual Statement Electronic Filing** includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The **Combined Annual Statement .PDF Filing** is the .pdf file for the Combined annual statement data and the combined Insurance Expense Exhibit.

The **June .PDF Filing** is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

**Column (4) (Number of Copies)**

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

**Column (5) (Due Date)**

Indicates the date on which the company must file the form.

**Column (6) (Form Source)**

This column contains one of three words: “NAIC,” “State,” or “Company.” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions. If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*..

**Column (7) (Applicable Notes)**

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.

JOHN W. OXENDINE  
COMMISSIONER OF INSURANCE  
SAFETY FIRE COMMISSIONER  
INDUSTRIAL LOAN COMMISSIONER  
COMPTROLLER GENERAL



SEVENTH FLOOR, WEST TOWER  
FLOYD BUILDING  
2 MARTIN LUTHER KING JR. DR.  
ATLANTA, GA 30334  
(404) 656-2056 TDD#(404) 656-4031

Rev No: 11/01

Form No: GID-10

## OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

### APPLICATION FOR RENEWAL OF CERTIFICATE OF AUTHORITY

TO THE COMMISSIONER OF INSURANCE OF THE STATE OF GEORGIA:

\_\_\_\_\_ (name of company)

OF \_\_\_\_\_ (city, state, zip code)

#### INCORPORATED UNDER

\_\_\_\_\_ (title of act)

ON \_\_\_\_\_ (date of incorporation) FOR A PERIOD OF \_\_\_\_\_ YEARS,

BY ITS PRESIDENT AND SECRETARY HEREBY MAKES APPLICATION TO RENEW ITS CURRENT CERTIFICATE OF AUTHORITY IN THE STATE OF GEORGIA THAT NOW AUTHORIZES IT TO WRITE:

\_\_\_\_\_ (insert classes exactly as shown in the license now held)

FOR LICENSE YEAR ENDING JUNE 30, 20 \_\_\_\_\_, AND DECLARES:

THAT THERE HAS BEEN NO CHANGE IN ITS CORPORATE STRUCTURE SINCE LAST RENEWAL OF CERTIFICATE, EXCEPT AS FOLLOWS:

THAT SUBMITTED HERewith ARE ALL DOCUMENTS AND INFORMATION AS REQUIRED IN THE GEORGIA INSURANCE DEPARTMENT'S "INSTRUCTIONS FOR THE ANNUAL RENEWAL OF CERTIFICATE OF AUTHORITY" (FORM GID-9);

THAT APPLICANT WILL FURNISH SUCH ADDITIONAL INFORMATION AS MAY BE CALLED FOR BY THE COMMISSIONER OF INSURANCE;

THAT IT IS UNDERSTOOD THAT THE CERTIFICATE HEREBY APPLIED FOR, IF GRANTED, WILL EXPIRE JUNE 30TH FOLLOWING THE DATE OF ITS ISSUE AND THAT APPLICANT MAY NOT TRANSACT ANY BUSINESS IN THE STATE OF GEORGIA WITHOUT RENEWING THE SAME, EXCEPT AS OTHERWISE AUTHORIZED BY LAW.

IN WITNESS WHEREOF, THE SAID COMPANY HAS TO THE PRESENTS AFFIXED ITS CORPORATE NAME AND SEAL AND CAUSED THE SAME TO BE SUBSCRIBED BY ITS PRESIDENT, AT THE CITY OF

\_\_\_\_\_ IN THE STATE OF \_\_\_\_\_ ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(President)

Attest:

\_\_\_\_\_  
(Secretary)

**S E A L**

**FILE ORIGINAL AND 1 COPY OF THIS FORM**

JOHN W. OXENDINE  
COMMISSIONER OF INSURANCE  
SAFETY FIRE COMMISSIONER  
INDUSTRIAL LOAN COMMISSIONER  
COMPTROLLER GENERAL



SEVENTH FLOOR, WEST TOWER  
FLOYD BUILDING  
2 MARTIN LUTHER KING JR. DR.  
ATLANTA, GA 30334  
(404) 656-2056 TDD#(404) 656-4031

## OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

### IMPORTANT NOTICE

TO: ALL INSURANCE COMPANIES AUTHORIZED TO DO BUSINESS IN GEORGIA

RE: FORM GID-3 - APPOINTMENT OF ATTORNEY-IN-FACT BY INSURER

Section 33-4-3(1) of the Georgia Insurance Code states that each insurer shall file with the Commissioner a Power of Attorney appointing a **person who is a resident of this State** to receive service of process. Such power of attorney shall be irrevocable and may only be terminated by the filing of a new appointment by the insurer.

**THE STREET, NUMBER AND NAME, ALONG WITH THE CITY AND RESPECTIVE COUNTY, MUST BE SHOWN FOR BOTH THE BUSINESS AND HOME ADDRESS. PLEASE DO NOT LEAVE EITHER SPACE BLANK.**

POST OFFICE BOX IS NOT ACCEPTABLE FOR EITHER.

JOHN W. OXENDINE  
COMMISSIONER OF INSURANCE  
SAFETY FIRE COMMISSIONER  
INDUSTRIAL LOAN COMMISSIONER  
COMPTROLLER GENERAL



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ATLANTA, GA 30334  
(404) 656-2056 TDD#(404) 656-4031

Rev. Date: 11/01

Form No.: GID-3

# OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

## APPOINTMENT OF ATTORNEY-IN-FACT BY INSURER

KNOW ALL MEN BY THESE PRESENTS, That the

\_\_\_\_\_ Insurance Company of  
\_\_\_\_\_ State of \_\_\_\_\_ does hereby make, constitute and appoint

(Name of Appointee – MUST BE AN INDIVIDUAL)

\*Business Address:

\_\_\_\_\_

\*Home Address:

\_\_\_\_\_

its true and lawful Attorney in and for the State of Georgia, on whom all process of law, whether mesne or final, against said Company may be served in any action or special proceedings against said Company in the State of Georgia, subject to and in accordance with all the provisions of the statutes and laws of said State of Georgia now in force, and such other Acts as may be hereafter passed amendatory thereof and supplementary thereto; and the said Attorney is duly authorized and empowered as the Agent of said Company to receive and accept service of process in all cases as provided by the laws of the State of Georgia, and such service shall be deemed valid personal service upon said Company.

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary

(Seal)

State of \_\_\_\_\_  
County of \_\_\_\_\_

BE IT REMEMBERED, That on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, President of the above named Corporation, who being duly sworn, deposes and says that he was personally present at the execution of the above Power of Attorney and saw the Common Seal of the said Corporation of the \_\_\_\_\_ Insurance Company duly fixed thereto, and that the above Power of Attorney was duly signed, sealed and delivered by, as and

for the Act and Deed of the said \_\_\_\_\_  
Insurance Company for the uses and purposes therein mentioned, and that the name of this deponent subscribed to said Power  
of Attorney as President of said Corporation is of this deponent's own handwriting, and that the name of  
\_\_\_\_\_ subscribed to said Power of Attorney as Secretary of said  
Corporation in attestation of the due execution and delivery of said Power of Attorney is of his own proper handwriting.

Sworn to and subscribed before me \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

---

Notary Public

\* Post Office Box Not Acceptable

JOHN W. OXENDINE  
COMMISSIONER OF INSURANCE  
SAFETY FIRE COMMISSIONER  
INDUSTRIAL LOAN COMMISSIONER  
COMPTROLLER GENERAL



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## OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

### IMPORTANT NOTICE

**TO: ALL COMPANIES AUTHORIZED TO TRANSACT INSURANCE IN THE STATE OF GEORGIA**

**RE: FORM GID-11 "INSURANCE COMPANY'S ANNUAL STATEMENT FOR PUBLICATION"**

Due to the large number of companies which have, in the past, failed to comply with instructions relating to the Form GID-11, please notice the **"NOTE"** at the bottom of the form which specifically requires that a copy of the published statement contained in a Georgia newspaper, and date of issue be attached to the FORM GID-11.

Company officials responsible for supervising the completion of the annual statement and accompanying forms should make a special effort to ensure that Form GID-11 is submitted to this **OFFICE ONLY WHEN PROPERLY COMPLETED AND WITH THE NEWSPAPER CLIPPING ATTACHED TO THE FORM.**

(Please cut clipping from newspaper and tape to lower left corner).

**NOTE: IF THE GID-11 FORM IS RECEIVED WITHOUT THE NEWSPAPER CLIPPING ATTACHED, IT WILL BE DISCARDED AND EACH COMPANY WILL BE RESPONSIBLE FOR FILING THE FORM AS REQUESTED.**



Rev No: 11/01

Form No: GID-11

# OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

## INSURANCE COMPANY'S ANNUAL STATEMENT FOR PUBLICATION

For the Year Ending \_\_\_\_\_ 20\_\_

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.

Principal Office Location:

(Street Address, City, State, Zip Code)  
**Total Assets: (Actual Cash Market Value)** \$ \_\_\_\_\_  
**Liabilities: Cash Capital paid up** \$ \_\_\_\_\_  
**Surplus over All Liabilities** \$ \_\_\_\_\_  
**Total Liabilities** \$ \_\_\_\_\_  
**Income 12 Months 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.

By \_\_\_\_\_ Sworn to and subscribed before me on this,  
the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

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

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, entitles "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.**

**STATE OF GEORGIA**  
**OFFICE OF COMMISSIONER OF INSURANCE**  
REGULATORY SERVICES DIVISION

**AFFIDAVIT OF INVESTMENT BY DOMICILIARY INSURERS**

STATE OF GEORGIA )

COUNTY OF )

Personally before me, the undersigned officer authorized to administer oaths,  
appeared \_\_\_\_\_, who being duly sworn, says that  
he is \_\_\_\_\_ of the \_\_\_\_\_  
\_\_\_\_\_ and is charged with the  
responsibility of making investments of the funds of said company, and was so charged  
during the entire year of 20 \_\_\_\_\_.

Deponent further says that he is thoroughly familiar with the investment laws of the  
State of Georgia as they pertain to insurance companies, and that each and every  
investment made by said Company during the year 20 \_\_\_\_\_, as reflected in the Annual  
Statement of said Company, meets the requirements of the State Laws as set forth in  
Chapter 33-11 of the Insurance Code.

Signed \_\_\_\_\_

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NAIC#: \_\_\_\_\_



Rev No: 11/01

Form No: GID-18

## OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF EQUITY SECURITIES

(Filed pursuant to Section 33-14-91 of the Code of Georgia Annotated)

\_\_\_\_\_  
(Name of company in which Equity Securities are held)

\_\_\_\_\_  
(Name of person whose ownership is reported)

\_\_\_\_\_  
(Business address of such person; street, city, zone, state)

Relationship of such person to company named above. (See instruction 5) \_\_\_\_\_

Date of event which requires the filing of this statement (See instruction 6) \_\_\_\_\_

#### SECURITIES BENEFICIALLY OWNED (See instruction 7)

TITLE OF SECURITY (See instruction 8)	NATURE OF OWNERSHIP (See instruction 9)	AMOUNT OWNED beneficially (See instruction 10)

REMARKS (See instruction 11) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, the undersigned, do solemnly swear that the within and foregoing information is true and correct to the best of my knowledge and belief.

Subscribed and sworn to before me

this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
(Signature of affiant)

\_\_\_\_\_  
(Notary Public)

## INSTRUCTIONS

1. **PERSONS REQUIRED TO FILE STATEMENTS.** A statement on this form is required to be filed by every person who, at the effective date of Chapter 33-14 of the Code of Georgia Annotated, (i) is directly or indirectly the beneficial owner of more than 10 percent of any class of any equity security of a domestic stock insurer, or (ii) is a director or officer of such insurer, and every person who thereafter becomes such a beneficial owner, director or officer.
2. **WHEN STATEMENTS ARE TO BE FILED.** (a) Persons who hold any of the relationships specified in Instruction 1 are required to file a statement within 30 days after the effective date of Chapter 33-14 of the Code of Georgia Annotated. Persons who subsequently assume any of the specified relationships are required to file a statement within 10 days after assuming such relationship. (b) Statements are not deemed to have been filed with the Commissioner until they have actually been received by the Commissioner.
3. **WHERE STATEMENTS ARE TO BE FILED.** One signed copy of each statement shall be filed with the Insurance Commissioner, Office of Insurance and Safety Fire Commissioner, 2 Martin Luther King Jr. Drive, Suite 604 West Tower, Atlanta, Georgia 30334.
4. **SEPARATE STATEMENT FOR EACH COMPANY.** A separate statement shall be filed with respect to the securities of each company.
5. **RELATIONSHIP OF REPORTING PERSON TO COMPANY.** Indicate clearly the relationship of the reporting person to the company; for example, "Director," "Director and Vice President," "Beneficial Owner of more than 10 per cent of the Company's common stock," etc.
6. **DATE AS OF WHICH BENEFICIAL OWNERSHIP IS TO BE GIVEN.** The information as to beneficial ownership of securities shall be given as of the date on which the event occurred which requires the filing of a statement on this form, for example, the effective date of Chapter 33-14 of the Code of Georgia Annotated, or when the person whose ownership is reported became a director or officer of the company.
7. **CLASSES OF SECURITIES TO BE REPORTED.** Persons specified in Instruction 1 above shall include information as to their beneficial ownership of all classes of equity securities of the company.
8. **TITLE OF SECURITY.** The statement of the title of a security shall be such as clearly to identify the security even though there may be only one class; for example, "Class A Common Stock," "\$6 Convertible Preferred Stock," "5% Debentures Due 1965," etc.
9. **NATURE OF OWNERSHIP.** Under "Nature of ownership," state whether ownership of the securities is "direct" or "indirect." If the ownership is indirect, i.e., through a partnership, corporation, trust or other entity, indicate in a footnote or other appropriate manner, the name or identity of the medium through which the securities are indirectly owned. The fact that securities are held in the name of a broker or other nominee does not, of itself, constitute indirect ownership. Securities owned indirectly shall be reported on separate lines from those owned directly and also from those owned through a different type of indirect ownership.
10. **STATEMENT OF AMOUNT OWNED.** In stating the amount of securities beneficially owned, give the face amount of debt securities or the number of shares or other units of other securities. In the case of securities owned indirectly, the entire amount of securities owned by the partnership, corporation, trust or other entity, shall be stated. The person whose ownership is reported may, if he so desires, also indicate in a footnote or other appropriate manner, the extent of his interest in the partnership, corporation, trust of other entity.
11. **INCLUSION OF ADDITIONAL INFORMATION.** A statement may include any additional information or explanation deemed relevant by the person filing the statement.
12. **SIGNATURE.** If the statement is filed for a corporation, partnership, trust, etc., the name of the organization shall appear over the signature of the officer or other person authorized to sign the statement. If the statement is filed for an individual, it shall be signed by him or specifically on his behalf by a person authorized to sign for him.

**EXHIBIT K  
 GEORGIA INSURANCE DEPARTMENT  
 ATLANTA, GEORGIA**

NAIC# \_\_\_\_\_

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 PAGE 1 OF 3

REPORTING COMPANY: \_\_\_\_\_  
**PROPERTY AND CASUALTY INSURERS 384 ANNUAL REPORT**  
**CALENDAR YEAR \_\_\_\_\_**  
**GEORGIA BUSINESS ONLY**

ENTER WHOLE DOLLAR AMOUNT

Personal Motor Vehicle Bodily Injury Ins. Including Medical Pay Insurance	Commercial Motor Vehicle Bodily Injury Liability Ins. Including Medical Pay Ins.	Products Liability Insurance	Medical Malpractice Insurance	Architects & Engineers Malpractice Insurance
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1. Direct Premiums Written					
2. Direct Premiums Earned					
3. Net investment income including realized capital gains and losses. (Use appropriate estimates where necessary.)					
4. Incurred Claims developed as the sum and with figures provided for of the following					
a. Dollar amount of claims paid					
b. Reserves for reported claims at the end of the current year, minus					
c. Reserves for reported claims at the end of the previous year, plus					
d. Reserves for incurred but not reported claims at the end of the current year, minus					
e. Reserves for incurred but not reported claims at the end of the previous year.					
5. a. Loss Adjustment expenses					
b. Commissions					
c. Other Acquisitions Costs					
d. General Office Expenses					
e. Taxes, Licenses & Fees					
f. All other expenses					
6. Net Underwriting Gain or Loss					
7. Net Operation Gain or Loss including net investment income					

I hereby certify that I am the \_\_\_\_\_ of the \_\_\_\_\_  
 Title Insurance Company  
 doing business in the State of Georgia and that I am authorized to make this certificate. I hereby certify that the information contained within this report is true and correct, to the best of my knowledge and belief.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Typed Name and Signature of Officer

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

\_\_\_\_\_  
 \_\_\_\_\_

This report is due by March 1 each year. Return promptly to Georgia Insurance Department, Regulatory Services Division.

**EXHIBIT K**  
**GEORGIA INSURANCE DEPARTMENT**  
**ATLANTA, GEORGIA**

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PAGE 2 OF 3

CALENDAR YEAR \_\_\_\_\_

**GEORGIA BUSINESS ONLY**

Attorneys Malpractice Insurance	Personal Motor Vehicle Personal Injury Protection	Commercial Motor Vehicle Personal Injury Protection	Personal Motor Vehicle Property Liability Insurance	
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1. Direct Premiums Written					
2. Direct Premiums Earned					
3. Net investment income including realized capital gains and losses. (Use appropriate estimates where necessary.)					
4. Incurred Claims developed as the sum and with figures provided for of the following					
a. Dollar amount of claims paid					
b. Reserves for reported claims at the end of the current year, minus					
c. Reserves for reported claims at the end of the previous year, plus					
d. Reserves for incurred but not reported claims at the end of the current year, minus					
e. Reserves for incurred but not reported claims at the end of the previous year.					
5. a. Loss Adjustment expenses					
b. Commissions					
c. Other Acquisitions Costs					
d. General Office Expenses					
e. Taxes, Licenses & Fees					
f. All other expenses					
6. Net Underwriting Gain or Loss					
7. Net Operation Gain or Loss including net investment income					

**EXHIBIT K**  
**GEORGIA INSURANCE DEPARTMENT**  
 ATLANTA, GEORGIA

GID-42  
 PAGE 3 OF 3

CALENDAR YEAR \_\_\_\_\_

**GEORGIA BUSINESS ONLY**

Commercial Motor Vehicle Property Liability Insurance	Uninsured Motorist Insurance	Underinsured Motorist Insurance	Other Liability Insurance	
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1. Direct Premiums Written					
2. Direct Premiums Earned					
3. Net investment income including realized capital gains and losses. (Use appropriate estimates where necessary.)					
4. Incurred Claims developed as the sum and with figures provided for of the following					
a. Dollar amount of claims paid					
b. Reserves for reported claims at the end of the current year, minus					
c. Reserves for reported claims at the end of the previous year, plus					
d. Reserves for incurred but not reported claims at the end of the current year, minus					
e. Reserves for incurred but not reported claims at the end of the previous year.					
5. a. Loss Adjustment expenses					
b. Commissions					
b. Other Acquisitions Costs					
c. General Office Expenses					
d. Taxes, Licenses & Fees					
e. All other expenses					
6. Net Underwriting Gain or Loss					
7. Net Operation Gain or Loss including net investment income					

**NOTES:** If data for any or all of the following six lines cannot be provided separately, the data shall be combined and shown in a supplemental attachment in the above format as follows:

1. "Personal Motor Vehicle Bodily Insurance, including Medical Payments Insurance," shall be combined with "Personal Motor Vehicle Property Liability Insurance" and the column labeled "Personal Motor Vehicle Liability Insurance".
2. "Commercial Motor Vehicle Bodily Injury Insurance, including Medical Payments Insurance," shall be combined with "Commercial Motor Vehicle Property Liability Insurance" and the column labeled "Commercial Motor Vehicle Liability Insurance."
3. "Uninsured Motorist Insurance" shall be combined with "Underinsured Motorist Insurance" and the column labeled "Uninsured/Underinsured Motorist Insurance".

Optionally, dividends may be shown by line, as above, in a separate supplemental attachment.

Neither the column headings nor the line captions in Exhibit K may be modified. The only permissible variation in the submission of data is in accordance with these notes.

An additional notarized certification in the same form as shown on page 1 shall be made for each supplement.



## OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

### MEMORANDUM

**TO:** All Property and Casualty Insurers Licensed in the State of Georgia

**FROM:** Donald F. Roof, Director  
Regulatory Services Division

**SUBJECT:** Georgia Regulations 120-2-18 (Exhibit L)  
Forms GID-44 and GID-45

**DATE:** December 1, 2001

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In order to make it simpler for insurers to comply with this reporting requirement, we have worked with statistical reporting agencies to determine what they might be able to provide in summary form for their member companies.

To the extent that you report statistics for the lines or sublines of insurance that are required to be reported under this Regulation to the following statistical organizations, you need only furnish information to this Department required in Column 7 of the forms dealing with cancellation and nonrenewal.

The statistical organizations reporting to us are:

Insurance Service Office (ISO),  
National Association of Independent Insurers (NAII),  
National Council on Compensation Insurance (NCCI),  
National Insurance Statistical Service (NISS).

To the extent that you do not report statistics for any of the lines or sublines to one of these organizations, a report for such lines or sublines must be made directly to this Department.

Please direct any questions to Chris Taylor at the above address or by telephone at (404) 656-2074.

DFR/tb

**EXHIBIT L**  
**FORM GID-44**  
**GEORGIA PROPERTY AND CASUALTY INSURANCE INFORMATION**  
**GEORGIA 20\_\_**

Coverage(s)	Number of Exposures	Written Premium	Earned Premium	Incurred Losses	Loss Ratio	Number of Claims	No. of Cancellations & Nonrenewals	
							By Insurer	By Insured
Owners, Landlords & Tenants								
Manufacturers & Contractors								
Premises/Operations								
Products & Completed Operations								
Governmental Subdivisions								
Public Schools								
Day Care Centers								
Liquor Liability								
Recreational								
Professional Liability (except Medical Malpractice)								
Other General Liability								
Commercial Automobile								
Private Passenger Automobile								
Workers' Compensation								

Company(ies) & Group Names:

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**EXHIBIT L**  
**FORM GID-45**  
**GEORGIA PROPERTY AND CASUALTY INSURANCE INFORMATION**  
**COUNTRYWIDE 20\_\_\_\_**

Coverage(s)	Number of Exposures	Written Premium	Earned Premium	Incurred Losses	Loss Ratio	Number of Claims	No. of Cancellations & Nonrenewals By Insurer	By Insured
Owners, Landlords & Tenants								
Manufacturers & Contractors								
Premises/Operations								
Products & Completed Operations								
Governmental Subdivisions								
Public Schools								
Day Care Centers								
Liquor Liability								
Recreational								
Professional Liability (except Medical Malpractice)								
Other General Liability								
Commercial Automobile								
Private Passenger Automobile								
Workers' Compensation								

Company(ies) & Group Names:

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