



## Insurance Company's Annual Statement for Publication

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 (P. O. Box Not Acceptable)

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.

Designated Authorized Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personally appeared before the undersigned who being duly sworn, deposes and says that he/she is the \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_ and that the foregoing statement is correct and true.

<b>NOTARY</b>	Sworn to and Subscribed before Me this _____ day of _____, _____. In the County of _____, State of _____. _____ (Notary Public)	_____ (My Commission Expires)	( Seal )
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**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 office 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, the Affidavit of Publication. The Affidavit should contain the name of Newspaper and Date of Issue.

Please submit all documents as one attachment for each category as one pdf., this will expedite processing of your application.

**GID-011-RS FEB15  
(same as **GID-11**)**

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