



OFFICIAL HAVING SUPERVISION OF INS IN THE STATE OF DOMICILE

Nam	e of Company	
Stree	t Address	
City		State Zip Code
State	e of Georgia Insura	ance Commissioner, Atlanta, Georgia
A.	names of each cla	ned company is applying for admission to the State of and seeks authority to write the classes shown below. The ass are: (1) Life, Accident and Sickness; (2) Property, Marine and Transportation; (3) Casualty; (4) Surety; and (5) -7-8, Georgia Insurance Code). For a definition of each kind, see Code Sections 33-7-2, 33-7-3, 33-7-4, 33-7-5, 3.
	1.	
	2.	
	3	
	4	
	5	
B.	Applicant is a	company. It is authorized to write each of the classes in (stock, mutual, assessment, etc.)
	Section A in this	State except
C.	A likehave:	company applying for authority to write the same classes of business in this State would be required to
		Paid up capital\$
		Surplus over all liabilities.
		Surplus to policyholders, including capital stock
		A deposit in Georgia.
		A deposit in this State (life, accident & sickness)
		A deposit in this State (excluding Workers' Comp.)
		A deposit in this State (including Workers' Comp.)





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D.	A like	company would be required to pay taxes, fees and other charges as follows:
		Fees for Admission (Itemize)
		Annual renewal Fees (Itemize)
		Fee for amending an existing company license
		Premium Taxes (State basis of computation in detail)
		All other charges, taxes and fees, including capital stock tax, fire marshal's tax, etc(state kinds, basis of computation and dates payable)
		A bond would be required of a like company in the amount of for purpose of
		guaranteeing in accordance with Section of laws of this State.
E.		company to be eligible for admission must, among other things, have been
	in continuous	operation for This requirement by (State Period of Time) (Statute or Rule)
F.	A like	company to be eligible for admission would be required to furnish
	An examination	on made by its own Insurance Department within a period of years. This requirement is by
	Exceptions to	the statue or rule are:
Prin	t Name:	Title:
Sign	ature:	Date: