

State Publishing Company

State Regulatory Compliance Publishing

Susan Cooke, Account Manager
P. O. Box 60485, Nashville, TN 37206
phone 615-336-7599

susan.cooke@statepublishingcompany.com

Colorado Information

The charge for publishing and processing your Colorado Synopsis of Annual Statement for Publication (Form S) is \$175 per company.

The required elements of your Form S will be published in an authorized newspaper. After publication, the publisher's affidavit with newspaper clipping attached will be filed with the Colorado Division of Insurance on your behalf. A copy of the affidavit will be returned to you for your files via email.

Step 1: Complete the fields below.

NAIC: _____

Person Authorizing Publication of Statement

Name: _____

Phone: _____

Email: _____

Person to Receive Affidavit of Publication (will be sent via email)

Name: _____

Phone: _____

Email: _____

Step 2: Enter your company's information in the required fields on Page 2.

Step 3: When you are ready to submit your form for publishing, click on the "Submit Form" button in the upper right hand corner. This form may be saved for submission at a future time.

Step 4: Print the invoice on Page 3 and submit for payment, or check the box on Page 3 to pay via credit card or EFT.



COLORADO

**Department of
Regulatory Agencies**

Division of Insurance

Form S

**SYNOPSIS OF ANNUAL STATEMENT FOR PUBLICATION
Required pursuant to §10-3-109(1), C.R.S
FOR YEAR _____**

FAILURE TO PUBLISH BY JUNE 30th MAY RESULT IN PENALTIES PURSUANT TO §10-3-109(3), C.R.S.:

If any annual report or statement from any entity regulated by the Division of Insurance is not filed by the date specified by law or by rules and regulations of the commissioner, the commissioner may assess a penalty of up to one hundred dollars per day for each day after the date an annual statement or report is due from any such entity.

Corporate Name _____ NAIC Number _____

Address (Do Not Use Post Office Box) _____

City _____ State _____ Zip _____

Assets \$ _____

Liabilities \$ _____

Capital and Surplus/Policyholder Surplus \$ _____

DIVISION OF INSURANCE CERTIFICATE OF AUTHORITY

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY that the _____, organized under the laws of _____, subject to its Articles of Incorporation or other fundamental organizational documents and in consideration of its compliance with the laws of Colorado, is hereby licensed to transact business as a _____ insurance company, as provided by the Insurance Laws of Colorado, as amended, so long as the insurer continues to conform to the authority granted by its Certificate and its corporate articles, or its Certificate is otherwise revoked, canceled or suspended.

IN WITNESS WHEREOF, I have hereunto set my hand at the City and County of Denver this first day of July 2026.

Michael Conway

Commissioner of Insurance

SYNOPSIS FILING INSTRUCTIONS:

1. Fill in name, address, and financial data as shown in your Annual Statement filed in Colorado. **Complete all blanks.**
2. Select a newspaper of general circulation which is published in the Denver, Colorado State Capital area for publication in at least four insertions.

Identify in the space below the name of the newspaper selected:

*Assign publication to: To be Assigned by State Publishing Company
(Name of Denver, Colorado paper only)

***COMPANY MUST ASSIGN PUBLICATION TO A NEWSPAPER PUBLISHED IN DENVER, COLORADO**

3. Return this completed form directly to the newspaper selected above.
4. After publication, a copy (clipping) of the paper containing such publication must be submitted to the office of the Commissioner as proof of its publication.

Corporate Name _____

Title of Officer _____ Phone Number _____

Typed Name of Approving Officer _____ Signature _____

Address of Billing Office _____



State Publishing Company

P. O. Box 60485
Nashville, TN 37206
615-336-7599

INVOICE

TO:

DESCRIPTION	AMOUNT
Publication of Colorado Form S, Synopsis of Annual Statement Year Ending 2025 To receive an invoice with a link to pay via credit card or EFT, check this box: Email address of person to receive invoice with electronic payment link: _____	175.00
TOTAL	175.00

Make checks payable to State Publishing Company.
If you have any questions concerning this invoice, contact Susan Cooke at 615-336-7599 or susan.cooke@statepublishingcompany.com.

Thank you for your business!