## **State Publishing Company**

State Regulatory Compliance Publishing

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

The charge for publishing and processing your Georgia Form GID-011-RS is \$85 per company.

The required elements of your Form GID-011-RS will be published in an authorized newspaper. After publication, a PDF of the publisher's affidavit with newspaper clipping attached will be returned to you via email. That PDF should then be uploaded to the State of Georgia through the GIMS Company Portal.

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

Person Authorizing Publication of Statement

Name: \_\_\_\_\_

Phone: \_\_\_\_

Email: \_\_\_\_

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

Name: \_\_\_\_\_

Phone: \_\_\_\_

Email: \_\_\_\_

**Step 1:** Complete the fields below.

**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.





## Insurance Company's Annual Statement for Publication

	For the Year Ending	, 20	NAIC#:	
Kind of Insu	rance			
Of the condi	ition 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 Hor	ne:	
Street A	ddress (P. O. Box Not Acceptable)	City	State	Zip Code
	Total Assets: (Actual Cash Mark	et Value)	\$	
	Liabilities: Cash Capital Paid Up	)	\$	
	Surplus Over All Liabilities		\$	
	Total Liabilities		\$	
	Income 12 Months 20		\$	
	Disbursements 12 Months 20 _		\$	
A	A copy of the Act of Incorporation, duly ce	ertified, is in the Of	fice of the Insurance and Safety Fire	Commissioner.
Designate	ed Authorized Responsible Party Signatu	re:	Date:	
Personally	y appeared before the undersigned who	being duly sworn, o	leposes and says that he/she is the	
	of		and that the foregoing state	ement is correct and true.
	Sworn to and Subscribed before Me th	is day of _		
NOTARY	In the County of	, State of	·	(Seal)
	(Notary Public)		(My Commission Expires)	

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 filling 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.

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TO:

DESCRIPTION	AMOUNT
Publication of Georgia Form GID-011-RS, Annual Statement for Publication Year Ending 2024	85.00
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:	
TOTAL	85.00

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.