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 sent 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.





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

If any annu	O PUBLISH BY JUNE 30th MAY RESULT IN PENALTIES PURSUANT TO §10- tal report or statement from any entity regulated by the Division of Insurance oner may assess a penalty of up to one hundred dollars per day for each da	ce is not filed by the date specified by law or by rul		
Corporate	Name		NAIC Number	
Address (I	Do Not Use Post Office Box)			
City	State		Zip	
	Assets	\$		
	Liabilities	\$		
	Capital and Surplus/Policyholder Surplus	\$		
	DIVISION OF INSURAN	NCE CERTIFICATE OF AUTHORITY		
	MIT MAY CONCERN: O CERTIFY that the		, organized under the laws	
of	, subject to its Articles of I	ncorporation or other fundamental organization		
insurance	npliance with the laws of Colorado, is hereby licensed to transact busi company, as provided by the Insurance Laws of Colorado, as amender and its corporate articles, or its Certificate is otherwise revoked, cancer	ed, so long as the insurer continues to conform t	o the authority granted by its	
IN WITNE	SS WHEREOF, I have hereunto set my hand at the City and County of	of Denver this first day of July 2025. Michael Conway		
		Commissioner of Insurance		
SYNOPSI	S FILING INSTRUCTIONS:			
1. Fill in name, address, and financial data as shown in your Annual Statement filed in Colorado. Complete all blanks.				
2.	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.	Assigned by State Publishing Company Name of Denver, Colorado paper only)	_	
	*COMPANY MUST ASSIGN PUBLICATION TO A NEW:	SPAPER PUBLISHED IN DENVER	R, COLORADO	
3.	Return this completed form directly to the newspaper selected above.			
4.	After publication, a copy (clipping) of the paper containing such publ	lication must be submitted to the office of the Co	ommissioner as proof of its publication.	
Corporate	e Name			
Title of Of	fficer	Phone Number		
Typed Na	nme of Approving Officer	Signature	<u> </u>	
Address o	of Billing Office			



State Publishing Company

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



$T \cap$	١.
10	٠.

DESCRIPTION	AMOUNT
Publication of Colorado Form S, Synopsis of Annual Statement Year Ending 2024	175.00
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:	
TO ⁻	TAL 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.