

**OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner**2 Martin Luther King Jr., Dr., Suite 920, West Tower, Atlanta, GA 30334**www.oci.ga.gov**FEES STATEMENT AND TRANSMITTAL VOUCHER****INSURANCE FINANCIAL
OVERSIGHT
GID-253-RS DEC2016**

FILING FOR THE YEAR ENDED: _____

Company Name _____

Org ID _____

File and pay the Annual Fee with Annual Statement Package for the applicable entity referenced below by the Filing Due Date. Filing instructions and contact information can be obtained from the department website: www.oci.ga.gov

FEES STATEMENT

Check Box Below To Indicate Type of Business Entity			Filing Due Date	Annual Fee	
TRADITIONAL ENTITIES:				Domestic	Foreign
<input type="checkbox"/>	Fraternal Societies :	Domestic Foreign	March 1	\$700	\$500
<input type="checkbox"/>	Health Entities:	Domestic Foreign	March 1	\$700	\$500
<input type="checkbox"/>	Life, Accident & Health Insurers	Domestic Foreign	March 1	\$700	\$500
<input type="checkbox"/>	Property & Casualty Insurers	Domestic Foreign	March 1	\$700	\$500
<input type="checkbox"/>	Title Companies	Domestic Foreign	March 1	\$700	\$500
NON-TRADITIONAL - LIMITED RISK ENTITIES					
<input type="checkbox"/>	Continuing Care Retirement Communities		June 1	\$ 75	
<input type="checkbox"/>	County Mutual		March 1	\$ 75	
<input type="checkbox"/>	Inter-local Risk Management Agency (IRMA)		March 1	N/A	
<input type="checkbox"/>	Life Settlement Providers		May 1	\$ 500	
<input type="checkbox"/>	Limited Premium Finance Companies		March 1	\$ 300	
<input type="checkbox"/>	Pharmacy Benefit Managers		April 1	\$ 400	
<input type="checkbox"/>	Premium Finance Companies		March 1	\$ 500	
<input type="checkbox"/>	Prepaid Legal Plans		March 1	\$ 500	
<input type="checkbox"/>	Risk Retention Groups		March 1	\$ 200	
<input type="checkbox"/>	Third Party Administrators		March 1	\$ 400	
<input type="checkbox"/>	Vehicle Protection Warrantors		August 1	\$ 575	
<input type="checkbox"/>	Workers Compensation Funds		March 1	\$ 700	

Pursuant to O.C.G.A Section 33-8-1, the Commissioner is authorized to assess and collect, in advance, fees and charges under the Georgia Insurance Code. Please remit ONE PAYMENT for the total amount listed above. Please, include the transmittal transaction receipt immediately following this page.

TRANSMITTAL VOUCHER

\$ _____

Transfer Type _____

Transfer Date _____

Transfer Amount _____

Confirmation No. _____

ACH / EFT Addenda

By checking this box, I am acknowledging that I am a legally authorized representative of the company and have the authority to submit the information and documents provided.

Company Representative _____

Representative's Title _____

Representative's E-mail _____

Representative's Phone No. _____