



OFFICE OF COMMISSIONER OF INSURANCE
COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER



Ralph T. Hudgens, Commissioner

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www.oci.ga.gov

COUNTY MUTUAL FIRE INSURANCE COMPANY ANNUAL STATEMENT

**NON-TRADITIONAL ENTITIES
GID-378-NT NOV2016**

**Annual Statement
of the**

(NAME OF COMPANY)

(STREET ADDRESS)

(CITY, STATE, ZIP)

COUNTY MUTUAL FIRE INSURANCE COMPANY

OF _____

IN THE STATE OF GEORGIA
TO THE
COMMISSIONER OF INSURANCE
OF THE
STATE OF GEORGIA
FOR THE YEAR ENDED

DECEMBER 31, _____

(Year) (Employer I.D. Number) (NAME OF COMPANY)

Home Office (Street or P.O. Box) (City or Town) (State) (Zip Code) (Telephone Number)

Mailing Address (Street or P.O. Box) (City or Town) (State) (Zip Code) (Telephone Number)

MADE TO THE COMMISSIONER OF INSURANCE OF THE STATE OF GEORGIA PURSUANT TO THE LAWS THEREOF

Organized _____ Commenced Business _____

OFFICERS - (List full name of all Officers as of December 31.)	TITLE
	President
	Vice-President
	Secretary
	Treasurer

DIRECTORS - (List full name of all Directors as of December 31.)	DIRECTORS - (List full name of all Directors as of December 31.)

State of Georgia, County of _____

_____, President, _____, Secretary,
and _____, Treasurer,

of the above named Company or Association, being duly sworn, deposes and says that they are the above described officers of said Company or Association, and that on the thirty-first day of December, all of the assets described herein were the absolute property of the said Company or Association, free and clear from any liens or claims thereon, except as noted, and that the following statements, with the schedules and explanations herein contained, annexed, or referred to, are a full and correct exhibit of all the Assets, Liabilities, Income and Disbursements, and of the condition and affairs of the said Company or Association on the said thirty-first day of December, and for the year ended on that day.

President

Treasurer

Secretary

Signature and Title of Person Preparing Statement

NOTARY	Sworn to and Subscribed before Me this _____ day of _____, _____.	(Seal)
	In the County of _____, State of _____.	
	_____ (Notary Public)	_____ (My Commission Expires)

(Year) (Employer I.D. Number) (NAME OF COMPANY)

SECTION I - STATEMENT OF INCOME AND DISBURSEMENTS

1.	Ledger Assets December 31, Previous Year		
INCOME			
2.	Assessments or Premiums collected during current year.....		
	Assessments or premiums previous year collected in current year.....		
	Total assessments or premiums from policyholders.....		
	Deduct premiums for reinsurance ceded to other Companies.....		
	Net Assessments or premium income.....		
	Add premiums received from reinsurance assumed from other Companies		
	Net income "on writings".....		
3.	Extra Assessments.....		
4.	Interest on Loans.....		
6.	Interest on Dividends on Stocks and Bonds.....		
7.	Rent Income.....		
8.	Other miscellaneous income.....		
9.	Gross Income (Lines 2 through 8)		
10.	Money borrowed during year.....		
11.	Money advancement by Management.....		
12.	Profit on sale of Assets.....		
13.	Other Income.....		
14.	Total (Lines 10 through 13).		
15.	Total Available Funds (Lines 9 + 14)		
DISBURSEMENTS			
16.	Gross amount losses paid and incurred during current year.....		
	Automobile\$..... Fire and all others \$.....		
	Gross amount of Losses paid and incurred previous year.....		
	Automobile\$.....Fire and all other \$.....		
	Gross amount of Losses paid during current year.....		
	Deduct: Salvage... \$	Reinsurance recovered ...\$	
	Net amount of losses paid.....		
17.	Claims adjustment expense.....		
18.	Commission paid to agents.....		
19.	Salaries to officers. No.....		
20.	Other compensation to officers.....		
21.	Salaries to employees.....		
22.	Rents, including \$..... for company's own occupancy.....		
23.	Repairs and Expenses (other than taxes) on Real Estate.....		
24.	Taxes Real Estate.....		
25.	Taxes on Other.....		
26.	Insurance taxes, licenses, and fees.....		
27.	Legal Fees.....		
28.	Loss on sale of assets.....		
29.	Borrowed money repaid.....		
30.	Advances by Management repaid.....		
34.	Other disbursements (list).....		
35.	Total Funds Disbursed		
36.	Balance, Current Year (Lines 16 minus Line 35)		

(Year) (Employer I.D. Number) (NAME OF COMPANY)

SECTION II - BALANCE SHEET			
LEDGER ASSETS			
1.	Bonds of State.....		
2.	Bonds of U.S. or guaranteed by U.S. Agency.....		
3.	First Mortgage Notes Insured by U.S. Government.....		
5.	Cash on Hand.....\$	Deposited in banks	\$
6.	Statutory Deposits, State Treasurer.....		
7.	Total Qualified Assets.....		
8.	Book Value of Real Estate less encumbrances.....		
9.	Other Mortgage Loan, First Lien.....		
10.	Furniture and equipment.....		
11.	Other (Itemize)		
12.			
13.			
14.			
15.	Total Ledger Assets		
NON-LEDGER ASSETS			
16.	Interest due or accrued.....		
17.	Market value of stocks over book value Section III, Part 2, Col. 7, line 25 less col. 5, line 25)		
18.	Other (Itemize)		
19.			
20.			
21.			
22.	Total Non-Ledger Assets.....		
ASSETS NOT ADMITTED			
23.	Agents' balances or uncollected premium over 90 days past due.....		
24.	Premium notes.....		
25.	Furniture and equipment.....		
26.	Book value of stocks in excess of market value Section III, Part 2, Col. 5, line 25 minus col. 7, line 25)....		
27.	Other assets not admitted (itemize)		
28.			
29.			
30.			
31.			
32.			
33.	Total assets not admitted.....		
34.	Net Admitted Assets (Lines 15 + 22 - Line 33).....		
LIABILITIES			
35.	Gross Losses adjusted and unpaid Automobile...\$	Fire and all others...\$	
36.	Loss adjustment expenses due and unpaid, including...\$	for	
36.	losses incurred and not reported		
37.	Unearned premium reserve (To agree with Section V, Col. 6, line 15).....		
38.	Commissions due and payable to agents.....		
39.	Compensation due to management.....		
40.	Salaries, rent, and other expenses due and accrued.....		
41.	Borrowed money.....		
42.	Interest, due and accrued on borrowed money.....		
43.	All other liabilities (list)		
44.			
45.			
46.	Total Liabilities (Lines 35 - 45, inclusive).....		
47.	Surplus to policyholders (Lines 34 - 46).....		
48.	Balance (To equal Line 34).....		
Note - Contingent Asset: Policyholders' Contingent Liability			

(Year) (Employer I.D. Number) (NAME OF COMPANY)

SECTION III - Part I

Showing all BONDS, Owned December 31 of the Current Year

	(1) DESCRIPTION of each bond - include CUSIP #	(2) Date Acquired	(3) Par Value	(4) Actual Cost	(5) Book Value	(6) Market Value December 31 of Current Year	(7) INTEREST			(8) Increase by Adjustment in Book Value During Year	(9) Decrease by Adjustment in Book Value During Year	(10) Amount of Interest due and accrued Dec. 31, current year, on bonds in default
							(Rate) % (a)	Amount Due and Accrued Dec. 31 of Current Year on bonds not in default (b)	Gross Amount Received During Year (c)			
1.												
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21.												
22.												
23.												
24.												
25.	TOTALS											

_____|_____|_____
 (Year) (Employer I.D. Number) (NAME OF COMPANY)

SECTION III - Part 2										
<i>Showing all PREFERRED and COMMON STOCKS Owned December 31 of the Current Year</i>										
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	DESCRIPTION, including CUSIP #	Date Acquired	Number of Shares	Par Value Per Share	Book Value	Rate Per Share Used To Obtain Market Value	Market Value	Actual Cost	DIVIDENDS Received During Year	Increase/Decrease By Adjustment In Book Value During Year
1.										
2.										
3.										
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21.										
22.										
23.										
24.										
25.	TOTALS									

_____|_____|_____
 (Year) (Employer I.D. Number) (NAME OF COMPANY)

SECTION III - Part 3							
<i>Showing all Bonds and Stocks ACQUIRED During Year</i>							
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	DESCRIPTION, including CUSIP #	*Date Acquired	From Whom Acquired	No. of Shares Of Stock	Actual Cost (Excluding Accrued Interest on Bonds)	Par Value of Bonds	PAID For Accrued Interest On Bonds
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
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18.							
19.							
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22.							
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24.							
25.	TOTALS						

*The items with reference to each issue of bonds or stocks acquired at public offerings may be totaled in one line and the word "various" inserted in columns (2) and (3)

_____|_____|_____
 (Year) (Employer I.D. Number) (NAME OF COMPANY)

SECTION III - Part 4										
<i>Showing all BONDS and Stocks SOLD, REDEEMED, or Otherwise DISPOSED OF During Year</i>										
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	DESCRIPTION Give description of each bond and stock. Bonds, preferred stocks and common stocks to be grouped separately, including CUSIP #s.	Date Sold	NAME OF PURCHASER (If matured or called under redemption option, state and give price at which called)	No. of Shares of Stock	Consideration (Excluding Accrued Interest on Bonds)	Par Value of Bonds	Actual Cost (Excluding Accrued Interest on Bonds)	Book Value at Date of Sale	Increase (Decrease) by Adjustment in Book Value During Year	Dividends and Interest on Bonds and Stocks Received During Year (Including accrued interest on Bonds sold)
1.										
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23.										
24.										
25.	TOTALS									

(Year) (Employer I.D. Number) (NAME OF COMPANY)

SECTION IV

Showing all MORTGAGE LOANS OWNED December 31 of Current Year, and all Mortgage Loans Made, Increased, Discharged, Reduced or Disposed of During the Year. (Indicate by symbols FHA and VA loans if loans are so insured)

	NAME OF MORTGAGOR	DATE OF NOTE		RECORD OF MORTGAGE			AMOUNT UNPAID DEC. 31 OF PREVIOUS	PRINCIPAL			INTEREST			VALUE OF Collateral		AMOUNT OF FIRE INSURANCE CARRIED ON BUILDINGS	
		Year Given	Year Due	Date Recorded	County	Book	Page	Dollars	AMOUNT LOANED DURING YEAR*	AMOUNT PAID ON ACCOUNT OR IN FULL DURING YEAR	AMOUNT UNPAID DEC. 31 OF CURRENT YEAR	RATE (%)	AMOUNT DUE AND ACCRUED DEC. 31 OF CURRENT YEAR	NET AMOUNT RECEIVED DURING YEAR	LANDS		BUILDINGS
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
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(Year) (Employer I.D. Number) (NAME OF COMPANY)

SECTION IV – continued

Showing all MORTGAGE LOANS OWNED December 31 of Current Year, and all Mortgage Loans Made, Increased, Discharged, Reduced or Disposed of During the Year. (Indicate by symbols FHA and VA loans if loans are so insured)

	NAME OF MORTGAGOR	DATE OF NOTE		RECORD OF MORTGAGE			AMOUNT UNPAID DEC. 31 OF PREVIOUS	PRINCIPAL			INTEREST			VALUE OF Collateral		AMOUNT OF FIRE INSURANCE CARRIED ON BUILDINGS	
		Year Given	Year Due	Date Recorded	County	Book	Page	Dollars	AMOUNT LOANED DURING YEAR*	AMOUNT PAID ON ACCOUNT OR IN FULL DURING YEAR	AMOUNT UNPAID DEC. 31 OF CURRENT YEAR	RATE (%)	AMOUNT DUE AND ACCRUED DEC. 31 OF CURRENT YEAR	NET AMOUNT RECEIVED DURING YEAR	LANDS		BUILDINGS
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
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 (Year) (Employer I.D. Number) (NAME OF COMPANY)

SECTION IV – continued

Showing all MORTGAGE LOANS OWNED December 31 of Current Year, and all Mortgage Loans Made, Increased, Discharged, Reduced or Disposed of During the Year. (Indicate by symbols FHA and VA loans if loans are so insured)

	NAME OF MORTGAGOR	DATE OF NOTE		RECORD OF MORTGAGE			AMOUNT UNPAID DEC. 31 OF PREVIOUS	PRINCIPAL			INTEREST			VALUE OF Collateral		AMOUNT OF FIRE INSURANCE CARRIED ON BUILDINGS	
		Year Given	Year Due	Date Recorded	County	Book	Page	Dollars	AMOUNT LOANED DURING YEAR*	AMOUNT PAID ON ACCOUNT OR IN FULL DURING YEAR	AMOUNT UNPAID DEC. 31 OF CURRENT YEAR	RATE (%)	AMOUNT DUE AND ACCRUED DEC. 31 OF CURRENT YEAR	NET AMOUNT RECEIVED DURING YEAR	LANDS		BUILDINGS
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
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55.																	
																TOTAL	

*Includes all mortgages "Purchased" or otherwise acquired during the year and all increases during the year on loans outstanding December 31 of previous year

(Year) (Employer I.D. Number) (NAME OF COMPANY)

SECTION V
 EXHIBIT OF PREMIUMS

Gross Premiums Including Policy & Membership Fees, Less Return Premiums and Premiums on Policies Not Taken

		Direct Writings (1)	Reinsurance Assumed (2)	Reinsurance Ceded (3)	Net Premiums Cols. (1) + (2) Minus Col. (3) (4)
1.	Fire				
2.	Extended coverage				
3.	Tornado, wind, cyclone, hail (excluding growing crops)				
4.	Explosion, riot, civil commotion				
5.	Earthquake				
6.	Inland marine				
7.	Auto property damage				
8.	Auto collision				
9.	Auto fire				
10.	Auto theft				
11.	Auto comprehensive				
12.	Other (specify):				
13	Totals:				

(Year) (Employer I.D. Number) (NAME OF COMPANY)

SECTION VI
 EXHIBIT OF LOSSES

		Direct Losses Paid (Deducting Salvage) (1)	Losses Paid on Reinsurance Assumed (2)	Direct Recoveries on Reinsurance Ceded (3)	Net Losses Paid Cols. (1) + (2) Minus Col. (3) (4)
1.	Fire				
2.	Extended coverage				
3.	Tornado, wind, cyclone, hail (excluding growing crops)				
4.	Explosion, riot, civil commotion				
5.	Earthquake				
6.	Inland marine				
7.	Auto property damage				
8.	Auto collision				
9.	Auto fire				
10.	Auto theft				
11.	Auto comprehensive				
12.	Other (specify):				
13.	Totals:				

(Year) (Employer I.D. Number) (NAME OF COMPANY)

Section VII

Showing all banks, trust companies, and savings and loan association in which balances were maintained by the Company at any time during the year and the balances, if any, on December 31, of the current year.

Identify account as to type, e.g., money market, checking, passbook, etc. (including all types of certificates of deposit).

	Depository (Give full name and location)	(1) Interest Received During Year	(2) Balance Dec. 31, Current Year
1.			
2.			
3.			
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40.			
	TOTALS		

Jan		Apr		Jul		Oct	
Feb		May		Aug		Nov	
Mar		Jun		Sep		Dec	

(Year) (Employer I.D. Number) (NAME OF COMPANY)

SECTION VIII RISKS AND PREMIUMS							
		Insurance in Force				Total Assessments or Premiums in Force	
		Total*					
		Fire (1)	Other (2)	Urban (3)	Rural (4)	Fire (5)	Other (6)
1.	In Force At the End of the Previous Year, as per Line 5 in Last Year's Statement						
2.	Written or Renewed During the Year, per income No. 1						
3.	Subtotal						
4.	Deduct Those Expired and Marked Off as Terminated						
5.	In Force At the End of the Year						
6.	Deduct Amount Reinsured						
7.	Net Amount In Force						
		*The total of Columns 1 and 2 should equal to the total of Columns 3 and 4					

SECTION IX REINSURANCE SCHEDULE					
(A) REINSURANCE CEDED					
	(1) NAME OF REINSURER(S)	(2) LOCATION OF REINSURER	(3) Total Reserves Reinsured	(4) Total Premiums	(5) Largest Risk Ceded
1.					
2.					
3.					
4.					
5.					

(B) REINSURANCE ASSUMED					
	(1) NAME OF REINSURER(S)	(2) LOCATION OF REINSURER	(3) Total Reserves Reinsured	(4) Total Premiums	(5) Largest Risk Ceded
1.					
2.					
3.					
4.					
5.					

(Year) (Employer I.D. Number) (NAME OF COMPANY)

SECTION X

Show all SALARIES, COMPENSATIONS, COMMISSIONS, and ALLOWANCES paid in the current year to OFFICERS, DIRECTORS, MANAGERS, and EMPLOYEES. Include all items except reimbursements for actual travel expenses. Travel or car allowances, if paid, are to be included. Payments to agents who were not officers, directors, managers or employees during the year need not be reported unless such payments were in excess of \$1,000.00. Attach additional sheets if necessary.

	(1) TITLE	(2) NAME OF PAYEE	(3) NATURE OF PAYMENT	(4) AMOUNT PAID DURING YEAR	(5) How Paid (Monthly, Quarterly, Annually, etc.)	(6) BY WHOM AUTHORIZED
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

(Year) (Employer I.D. Number) (NAME OF COMPANY)

GENERAL INTERROGATORIES

(Answer all questions and attach additional sheets if necessary)

1.	<p>A. What is the largest fire risk written or assumed and retained?</p> <p>B. What is the largest automobile risk assumed and retained?</p>	
2.	Have the by-laws been amended during the current year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, were such amendments filed with the Georgia Department of Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	When?	
3.	In what territory does the company operate? (Check one)	
	A.	County of its domicile only
	B.	County of its domicile and adjoining counties only
	C.	Statewide
4.	Does the company write insurance on risks in states other than Georgia?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	(For County Mutuals only) State amount of Statutory Deposit.....\$	Largest Risk on Books...\$
6.	Name of Principal Officer	and amount of bond.....\$
7.	Are all the person(s) who handle funds of the Company bonded?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	State the name and the amount of bond on each, except person named on Item 6 above.	
8.	Does the company have a charter?	Give date of charter <input type="text"/> When does the charter expire? <input type="text"/>
9.	State number of members holding policies in the company <input type="text"/>	
10..	What is the amount of policyholder's contingent liability as provided in the by-laws?	per \$100 in force. <input type="text"/>
11..	Was an annual report of the company sent to each policyholder?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, did such report agree with the annual statement filed with the Georgia Department of Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Did such report show:	
	A.	the rate and total amount of assessments paid during this year? <input type="text"/>
	B.	total operating expenses? <input type="text"/>
	C.	the names of claimants and amounts paid each for losses? <input type="text"/>
12..	State as of what date the company was last examined by the Georgia Department of Insurance? <input type="text"/>	
13.	Does any person, firm, corporation or association have any claim, contingent or otherwise, against this company which is NOT reported as a liability on page 3 of this statement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, give the amount, terms for payment, and reasons for each omission from the balance sheet.	