



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



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www.oci.ga.gov

**INSURANCE FINANCIAL
OVERSIGHT**

GID-414-RS JUL2015

**APPLICATION FOR CORPORATE CHARTER
OF A MUTUAL CORPORATION**

1. **Name of Corporation** _____
2. **Duration of Corporation** (*i.e.*, perpetual v. limited) _____
3. **Location of home office** (must be in Georgia – include city or town and county) :

4. **List the kinds of insurance this corporation is being formed to transact according to the definitions set forth in O.C.G.A. §§ 33-7-1, et seq.** _____

5. **Incorporators** (must have at least ten incorporators and not less than two-thirds of the incorporators must be U.S. citizens and Georgia residents - attach additional sheets, if necessary):

Name _____

Name _____

Address _____

Address _____

Name _____

Name _____

Address _____

Address _____

Name _____

Name _____

Address _____

Address _____

Name _____

Name _____

Address _____

Address _____

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Name _____

Name _____

Address _____

Address _____

Name _____

Name _____

Address _____

Address _____

Name _____

Name _____

Address _____

Address _____

6. **Officers and Directors** (must have at least three directors, at least one director must be a Georgia resident, a majority of the directors must be U.S. citizens, and terms of office must be for not more than one year – attach additional sheets, if necessary):

Name _____

Name _____

Address _____

Address _____

Title _____

Title _____

Term of Office _____

Term of Office _____

Name _____

Name _____

Address _____

Address _____

Title _____

Title _____

Term of Office _____

Term of Office _____

Name _____

Name _____

Address _____

Address _____

Title _____

Title _____

Term of Office _____

Term of Office _____

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Name _____

Name _____

Address _____

Address _____

Title _____

Title _____

Term of Office _____

Term of Office _____

Name _____

Name _____

Address _____

Address _____

Title _____

Title _____

Term of Office _____

Term of Office _____

Name _____

Name _____

Address _____

Address _____

Title _____

Title _____

Term of Office _____

Term of Office _____

Name _____

Name _____

Address _____

Address _____

Title _____

Title _____

Term of Office _____

Term of Office _____

7. Describe the maximum and minimum contingent liability of the corporation's members other than as to non-assessable policies for payment of losses and expenses incurred (liability may not be less than (1) one nor more than six (6) times the premium for the member's policy at the annual premium rate for a term of one year):

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8. Describe the limitations on the corporation's indebtedness (if any) _____

9. List any additional provisions deemed appropriate by the incorporators, so long as such provisions are not inconsistent with Georgia law (if any) _____

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By: _____
Name: _____
Title: _____
(Incorporator)

Date: _____

By: _____
Name: _____
Title: _____
(Incorporator)

Date: _____

By: _____
Name: _____
Title: _____
(Incorporator)

Date: _____

By: _____
Name: _____
Title: _____
(Incorporator)

Date: _____

By: _____
Name: _____
Title: _____
(Incorporator)

Date: _____

By: _____
Name: _____
Title: _____
(Incorporator)

Date: _____

By: _____
Name: _____
Title: _____
(Incorporator)

Date: _____