

**COMMISSIONER OF INSURANCE, JOHN W. OXENDINE
STATE OF GEORGIA
AGENCY LIST OF LICENSED OWNERS/OFFICERS/DIRECTORS**

1. GENERAL INSTRUCTIONS

List the names of all current owners. If the agency is a corporation, all current officers and directors must be listed. If the individuals are licensees in the State of Georgia, please provide their license numbers (including prefix). Please enter only one character in each box. **If there are any owners, officers, directors who are not licensed in the State of Georgia, a GID-130S form for each unlicensed individual must accompany this form.** Each agency must have one owner, officer, or director (the highest ranking official) who must be designated as the Responsible Individual. This is the person who must sign this application and who will be the principal contact person for all future correspondence concerning the agency and its relationship with the Georgia Insurance Department. Please indicate the Responsible Individual by marking an X in the appropriate box. **NOTE:** Even if you are filing as a branch office, you must still list the owners, officers, directors and the Responsible Individual at this agency location. Mark an X in the appropriate box to indicate whether the listed owners, officers, directors are additions to the list or are to be deleted from future lists. If there are more owners, officers, and directors than fit on this page, feel free to photocopy and attach additional pages. To expedite the processing of your application, be sure to fill in the page counter and total count for this particular list, at the bottom of this page.

2. AGENCY INFORMATION

Print the agency's name (exactly as it appears on the license application or renewal form – not the DBA or trade name), license number, and FEIN (tax ID number) or SSN in the boxes provided. If submitting a first time agency application, leave the license number and prefix blank until it can be assigned.

Agency Name	
License Prefix and Number	FEIN or Social Security Number *

3. LICENSED OWNERS, OFFICERS, AND DIRECTORS

Last Name	First Name	MI	Suffix (Jr., etc.)
Title	License Prefix and Number	Social Security Number *	
<input type="checkbox"/> Add <input type="checkbox"/> Designate as Responsible Individual <input type="checkbox"/> Delete			

Last Name	First Name	MI	Suffix (Jr., etc.)
Title	License Prefix and Number	Social Security Number *	
<input type="checkbox"/> Add <input type="checkbox"/> Designate as Responsible Individual <input type="checkbox"/> Delete			

Last Name	First Name	MI	Suffix (Jr., etc.)
Title	License Prefix and Number	Social Security Number *	
<input type="checkbox"/> Add <input type="checkbox"/> Designate as Responsible Individual <input type="checkbox"/> Delete			

Last Name	First Name	MI	Suffix (Jr., etc.)
Title	License Prefix and Number	Social Security Number *	
<input type="checkbox"/> Add <input type="checkbox"/> Designate as Responsible Individual <input type="checkbox"/> Delete			

Last Name	First Name	MI	Suffix (Jr., etc.)
Title	License Prefix and Number	Social Security Number *	
<input type="checkbox"/> Add <input type="checkbox"/> Designate as Responsible Individual <input type="checkbox"/> Delete			

Last Name	First Name	MI	Suffix (Jr., etc.)
Title	License Prefix and Number	Social Security Number *	
<input type="checkbox"/> Add <input type="checkbox"/> Designate as Responsible Individual <input type="checkbox"/> Delete			

Last Name	First Name	MI	Suffix (Jr., etc.)
Title	License Prefix and Number	Social Security Number *	
<input type="checkbox"/> Add <input type="checkbox"/> Designate as Responsible Individual <input type="checkbox"/> Delete			

* SSN or FEIN are not required; however, failure to provide these identification numbers may result in a delay in processing your application.

PLEASE PHOTOCOPY AND ATTACH ADDITIONAL FORMS AS NEEDED

Total number of licensed owners/officers/directors listed on this plus attached forms: _____