



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



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**INSURANCE FINANCIAL
OVERSIGHT**
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CERTIFICATION APPLICATION FOR CERTIFIED REINSURER

This Form should be used by Applicants that seek “Certified Reinsurer Status” through the State of Georgia through a “Qualified Jurisdiction.”

Certification Application Fees: \$600 Payable to “Office of Insurance and Safety Fire Commissioner”

1. Applicant/Company Name:

2. Applicant/Company’s Domicile Address:

3. Applicant/Company’s “Qualified Jurisdiction”:

4. The Application should also have the following documentation completed and attached:
 - a. Georgia Certification Application Checklist (*Available on Georgia Insurance Department’s Website*)

ATTESTATION: I do solemnly swear or affirm that I am familiar with the Laws of the State of Georgia relating to Certified Reinsurers; that all the foregoing information and documentary evidence submitted is true, complete and correct to the best of my knowledge and belief.

Company: _____
Signature: _____
Print Name: _____
Print Title: _____

Sworn to and Subscribed before Me
this ___ day of _____, 20__.

(Notary Public)

(SEAL)