

**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](http://www.oci.ga.gov)**FEES STATEMENT AND TRANSMITTAL VOUCHER****INSURANCE FINANCIAL  
OVERSIGHT  
GID-253-RS FEB2016**

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](http://www.oci.ga.gov)**FEES STATEMENT**

Check Box Below To Indicate Type of Business Entity	Filing Due Date	Annual Fee
<b>TRADITIONAL ENTITIES:</b>		
<input type="checkbox"/> Fraternal Societies	March 1	\$ 700
<input type="checkbox"/> Health Entities	March 1	\$ 700
<input type="checkbox"/> Life, Accident & Health Insurers	March 1	\$ 700
<input type="checkbox"/> Property & Casualty Insurers	March 1	\$ 700
<input type="checkbox"/> Pure Captive Insurers	March 1	\$ 550
<input type="checkbox"/> Title Companies	March 1	\$ 700
<b>NON-TRADITIONAL - LIMITED RISK ENTITIES</b>		
<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. \_\_\_\_\_