OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 708, West Tower, Atlanta, GA 30334
Phone: 404-656-7556 ◊ Fax: 770-344-5798 ◊ E-mail: TBrewster@oci.ga.gov

www.oci.ga.gov

Application For Renewal License As An Insurance Premium Finance Company

NON-TRADITIONAL ENTITIES
GID-022-EN JAN2012

License Fees: **Enclosed Check Payable to "Commissioner of Insurance, State of Georgia"** **Renewal Year** _____
for: ☐ **Full Power - $500** ☐ **Limited Power - $300**

ADDRESS TO REMIT BY MAIL:
Georgia Dept. of Insurance- Regulatory Services/Enforcement, P.O. Box 935138, Atlanta, GA 31193-5138
ADDRESS TO REMIT BY COURIER:
Wachovia Bank, Georgia Dept. of Insurance- Regulatory Services/Enforcement, Lockbox 935138, 3585 Atlanta Ave, Hapeville, GA 30354

Effective 1-1-2012, the Citizenship Affidavit Form GID-276-EN must be submitted with this application for processing.

Licensee Information As Issued:

Licensee Name _____ License # _____

Street (Line-1) _____ Street (Line-2) _____

City _____ County _____ State _____ Zip _____

FEIN # _____ Email Address _____ Phone _____ Fax _____

Corrections To Licensee Information As Issued:

Licensee Name _____ License # _____

Street (Line-1) _____ Street (Line-2) _____

City _____ County _____ State _____ Zip _____

FEIN # _____ Email Address _____ Phone _____ Fax _____

Indicate Entity Type: ☐ **Corporation** ☐ **Partnership** ☐ **Proprietorship**

Names of Corporate Officers (specify Title for each), **Partners** (specify if Limited/General Partner for each), or **Proprietor**

For Corporations:

Corporate Name _____

Street (Line-1) _____ Street (Line-2) _____

City _____ County _____ State _____ Zip _____

ATTESTATION: I do solemnly swear or affirm that I am familiar with the Laws of Georgia relating to Premium Finance Companies; 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 _____, _____.

_____
(Notary Public)

(SEAL)

This office does not discriminate by race, color, national origin, sex, religion, age or disability in employment, programs services. Disabled persons needing this document in another format can contact the ADA Coordinator for this office at No. 2 Martin Luther King Jr., Dr., Suite 620, Atlanta, GA 30334 - Phone 404-656-2056.