OFFICE OF COMMISSIONER OF INSURANCE

COMMISSIONER OF INSURANCE •INDUSTRIAL LOAN COMMISSIONER•SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 916, West Tower, Atlanta, GA 30334

Phone: 404-656-7553 ◊ E-mail: premiumtax@oci.ga.gov

www.oci.ga.gov

PREMIUM TAX

GID-212-PT JAN 11

(previously GID-FO-PT-1)

SURPLUS LINE BROKER'S QUARTERLY PREMIUM TAX AFFIDAVIT

FOR THE QUARTER ENDING _____ **SLB License No.** _____

Surplus Line Broker _____ deposes and states that the insurance transactions listed below were issued under the following terms:
(Name)

1. The insured or insured's agent has made an effort to procure the desired insurance coverage or benefits from authorized insurers.
2. The insurance was procured from insurers which meet the financial condition requirements of O.C.G.A.§ 33-5-25.
3. The said contracts have been solicited and written in strict compliance with the Georgia Surplus Line Insurance law, bear the name of the surplus line broker who procured it and have printed or written thereon the following statement. "This contract is registered and delivered as a surplus line coverage under the Surplus Line Insurance Law, O.C.G.A. Chapter 33-5."

☐ **See Attachment**

CODE* (Transaction Type) Inial Entry _____ Additional Premium _____ Endorsement _____ Return Premium _____ Renewal Premium _____ Other _____

Policy Number	Effective Date	Date Premiums Were Received	Name and Address of Insurance Co.	Name and Address of Insured(s)	Subject of Insurance	Code*	Amount of Premium	Amount of Tax
						Page Totals $		

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RETURN PREMIUMS AND CREDITS TO BE APPLIED: Return premiums and credits may only be applied to the surplus line broker who originally placed and reported the business. List all returns and credits below - the "Quarter/Year Policy Reported" MUST be included to receive credit.

Policy Number	Effective Date	QTR\YR Premiums Were Reported	Name and Address of Insurance Co.	Name and Address of Insured(s)	Subject of Insurance	Code*	Amount of Premium	Amount of Tax
					Page Totals $		$0.00	($0.00)
					Grand Totals $		$0.00	$0.00

MAILING INSTRUCTIONS:

IF YOU ARE PAYING BY CHECK: Mail your return and payment to Georgia Departement Of Insurance-Premium Tax Divison, P. O. Box 935134, Atlanta, GA. 31193-5134. If you are sending payment overnight Delivery: Send your return and payment to Wachovia Bank, Georgia Department of Insurance - Premium Tax Division, LockBox 935134, 3585 Atlanta Avenue, Hapeville, GA 30354

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Total premiums for each insurance company reported above must be provided. Failure to do so will result in an incomplete return and may not be considered timely filed.

TOTAL PREMIUMS BY INSURANCE COMPANY

Name of Insurance Company/State	State	NAIC#	Total Premium
			$
GRAND TOTAL (Must agree with detail Grand Total)			$ 0.00

Surplus Line Broker (Signature)

Name of Surplus Line Broker (Please Print)

Broker License # _____

Date Licensed _____

Contact Name _____
Street Address _____
City _____
State / ZIP _____
Contact Phone # _____

☐ New Address? Check Box

Email Address

Sworn to and subscribed before me
this _____ day of _____ , _____

Notary Public

(SEAL)

In accordance with the provisions of Georgia Insurance Code Section 33-5-31, surplus line brokers shall remit all taxes due on or before the fifteenth day of April, July, October and January at the time his or her quarterly affidavit is submitted.

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