

**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 604, West Tower, Atlanta, GA 30334

[www.oci.ga.gov](http://www.oci.ga.gov)Phone: 404-232-1489 ♦ Fax: 770-344-5355 ♦ E-mail: [lwright@oci.ga.gov](mailto:lwright@oci.ga.gov)**PREPAID LEGAL SERVICES ANNUAL  
RENEWAL INSTRUCTIONS AND CHECK SHEET****NON-TRADITIONAL ENTITIES  
GID-380-NT NOV2016**

To: All Licensed Prepaid Legal Services Sponsors

From: Non-Traditional Entities- Insurance and Financial Oversight Division

**Re: Annual Statement Filing Instructions**

Pursuant to State of Georgia Rules and Regulations §120-2-29-.04(2), each Prepaid Legal Service Plan Sponsor is required to submit a renewal application no later than **March 1** each year. The following information is required:

1. GID-33 (Application for renewal)—Copy attached for your use
2. GID 39 (financial condition statement as of 12/31)—Copy attached for your use
3. E-1 (statistical summary of the numbers and types of claims paid and the average dollar amount of each type of claim)—attachment to GID 39
4. E-2 (alphabetical listing of subscribing groups)—attachment to GID 39
5. Copies of all advertising or solicitation material —attachment to GID 39
6. Renewal Application Fee - \$500.00  
Please make a copy of your check and include it in the renewal to the department. Then send the original check, along with a copy of your cover letter, to the Lock box address listed below:  
  
Georgia Department of Insurance  
P.O. Box 935138  
Atlanta, GA 31193-5138
7. Verification of deposit/bond
8. GID-276 (Citizenship Affidavit)

**Please note that failure to file a timely renewal will result in penalties being assessed as stipulated at O.C.G.A. §33-1-8 as well as possible enforcement action.**

PREPAID LEGAL SERVICES ANNUAL  
RENEWAL INSTRUCTIONS AND CHECK SHEET

Prepaid Legal Services Annual Renewal Check Sheet

Name of Company: \_\_\_\_\_

EIN: \_\_\_\_\_ Check#: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

**GID-33** (Application for Renewal)

Amount: \$ \_\_\_\_\_

Renewal Application Fee - \$500.00

Please make a copy of your check and include it in the renewal to the department. Then send the original check, along with a copy of your cover letter, to the Lock box address listed below:

Georgia Department of Insurance  
P.O. Box 935138  
Atlanta, GA 31193-5138

**GID 39** (financial condition statement as of 12/31)

**E-1** (statistical summary of the numbers and types of claims paid and the average dollar self-insurers. amount of each type of claim)—attachment to **GID 39**

**E-2** (alphabetical listing of subscribing groups)—attachment to **GID 39**

Copies of all advertising or solicitation material –attachment to **GID 39**

Verification of Deposit/Bond

**GID-276-EN** (Citizenship Affidavit), along with verification.