

State of Georgia State Board of Workers' Compensation 270 Peachtree Street, N.W. Atlanta, Georgia 30303-1299

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ANNUAL PREMIUM WRITING REPORT

Section 34-9-63 of the Official Code of Georgia and State Board of Workers' Compensation Rule 63 indicates that each insurance carrier shall submit to the Workers' Compensation Board on or before March 1, 2018, a sworn statement of its DIRECT NET FARNED WORKERS' COMPENSATION PREMILIMS written in the State of Georgia

EARNED WORKERS' COMPENSA	ATION PREMIUM	S written in the	e State of Georgia.		
		IMPORT	ANT: PLEASE COMPL	ETE THE FOLLO	OWING:
		(Name and	Title of Person Preparing Repo	ort)	
		(Company's	s Name)		
		(Number ar	nd Street or P.O. Box)		(Telephone)
		(City)		(State)	(Zip Code)
During the period of one year from OureCT NET EARNED PREMIUM		-	ber 31, 2017 the WORk		
NOTICE: Please attach to this re return in the enclosed self-addre		page 14" of t	he 2017 GEORGIA INS	SURANCE COMM	IISSION REPORT and
		CERTIFIC			
,					
WORKERS' COMPENSATION DI			-		
nsurance company under the Wor	•		•		fficial of said insurance
company in the capacity of			_, and am qualified to si	gn this report.	
Signed this the	day of		2018.		
			Signature:		
			Title:		
Subscribed and sworn to by	· · · · · · · · · · · · · · · · · · ·		before ı	me, a Notary Pu	ublic in the county of
	State of			_, witness my ha	and and seal this the
day of		2018.			
			Signed:		
			My Commission Expi	res:	

