



February 20, 2016

TO: ALL COMPANIES LICENSED IN GEORGIA FOR PROPERTY INSURANCE

**REPORT OF 2018 PREMIUMS**  
**FOR USE IN DETERMINING MEMBERS PARTICIPATION**  
**2019 ASSOCIATION YEAR**

The forms for reporting 2018 premiums written in Georgia for use in determining your company's participation in the 2019 Association Year's operating results of the Georgia FAIR plan are attached.

It should be noted that the Georgia FAIR plan is a mandatory FAIR plan established by Georgia Laws and participation is required for every insurer authorized to write **Property** insurance in the state.

The attached call has fill-in capabilities and will automatically add all data. Please verify all data prior to submitting the completed report to GUA.

**The following should be mail to the GUA office (address above) no later than April 1,'2018.**

- completed premium report (use whole \$ only)
- copy of Jurat page from Annual Statement for 2018 (page 1, contact information)
- copy of "Statutory Page 14" from Georgia Annual Statement for 2018 (GA page 19).

**REMINDERS:**

- All documents should be attached in alphabetical order.
- A group report is preferred over individual reports.
- We now offer an online submission method.
- Group reports must file individual company support documents.

If your Company has moved, merged with another company, changed names or had any other significant change within the past 24 months, please submit a current W-9. A blank W-9 is available on our website with fill-in capabilities.

Thank you for your prompt and careful attention.

Sincerely,

Accounting

**GEORGIA UNDERWRITING ASSOCIATION (Georgia FAIR Plan)**  
**PO BOX 956158 Duluth, GA 30095-6158**  
**(770)923-7721**  
**www.GeorgiaUnderwriting.com**

**REPORT OF 2004 PREMIUMS FOR USE IN DETERMINING MEMBERS' PARTICIPATION - 2005 ASSOCIATION YEAR**

ALL SHADED AREAS MUST BE COMPLETED, EVEN IF -0- OR "NONE"

THIS REPORT MAY NOT BE MODIFIED.

COMPLETED REPORT AND STATUTORY PAGE 14 ARE DUE IN THE THE GUA OFFICE NO LATER THAN APRIL 1, 2005	FIRE line 1	ALLIED LINES line 2.1	HOMEOWNERS line 4	COMMERCIAL line 5.1 only	TOTAL
A. Direct 2004 Premiums Written : Column 1 Statutory Page 14 of GA Annual Statement					
B. DEDUCTIONS : only if included on Line A. above.					
B.1. Dividends Paid or Credited to Policyholders on Direct Business					
B.2. Time Element-Not Previously Deducted			XXXXXXXXXXXX		
B.3. Unused/Unabsorbed Portion of Premiums Deposits			XXXXXXXXXXXX		
<b>TOTAL DEDUCTIONS: line B.1 through B.3</b>					
C. <b>TOTAL ASSESSABLE PREMIUMS: Line A less Line B: distribute below:</b>					
D. 1. PERSONAL LINES				XXXXXXXXXXXX	
2. COMMERCIAL					
E. <b>TOTAL: D.1. + D.2. (should agree with Line C.)</b>					

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COMPANY OR GROUP NAME (IF GROUP, LIST COMPANIES ON REVERSE SIDE)  
IF YOUR COMPANY NAME HAS CHANGED NAMES WITHIN THE LAST 24 MONTHS, PLEASE MAKE NOTATION ON BACK OF REPORT.

FEIN

BY:print name:	SIGNATURE:
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TITLE:	PHONE #	EXT.
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E-MAIL:	FAX #
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YOU MUST FURNISH A COPY OF STATUTORY PAGE 14 FROM GA ANNUAL STATEMENT, EVEN IF -0- OR NONE, (IF GROUP, INCLUDE PAGE 14 FOR EACH COMPANY IN GROUP)

**IF REPORTING AS A GROUP, LIST ALL COMPANIES BELOW:**

**FEIN**

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**HAVE ANY NAME CHANGES OR MERGERS OCCURRED DURING PAST 24 MONTHS?    YES            NO**  
**IF YES, PLEASE LIST FULL DETAIL BELOW, INCLUDING EFFECTIVE DATE:**

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