



INSURANCE COMPANY HOLDER REPORT FORM 2019

This form must accompany all holder reports

ARE YOU A 1ST TIME FILER? Y [] N [] DID YOU ATTACH A CD? Y [] N [] ELECTRONIC
FILERS: Submit a UP-1 INS for each business included on the CD. ZERO BALANCE REPORTS REQUIRED

HOLDER INFORMATION				
1. FEDERAL EMPLOYER ID#		2. HOLDER (Business Name)		
ADDRESS				
CITY, STATE, ZIP CODE				
3. IS THIS REPORT BEING PREPARED BY AN AGENT ON BEHALF OF THE HOLDER? Y [] N [] IF YES, FURNISH AGENT NAME AND ADDRESS:				
4. NAME OF CONTACT PERSON		5. TELEPHONE ()	6. E-MAIL ADDRESS	
7. DATE OF INCORPORATION	8. STATE OF INCORPORATION	9. PRIMARY BUSINESS ACTIVITY		
10. NO. OF EMPLOYEES	11. ANNUAL SALES/PREMIUMS	12. PREMIUMS WRITTEN IN GA	13. TOTAL ASSETS	
REPORT INFORMATION				
INTANGIBLE PROPERTY - (Outstanding Checks)				
14a. Total accounts \$50 or more _____		14b. Dollar Value \$ _____		
14c. Total accounts less than \$50 _____		14d. Dollar Value \$ _____		
14e. Report Total \$ _____				
OTHER PROPERTY (Securities)				
14f. Number of shares of stock _____				
VERIFICATION STATEMENT				
I, _____, certify that I have caused to be prepared and have examined this report totaling \$ _____ as to property presumed abandoned under the Disposition of Unclaimed Property Act for the year ended as stated, that I am duly authorized to execute this verification by the holder and that I believe said report to be true, correct and complete.				
_____ Signature of Responsible Officer			_____ Printed or Typed Name of Responsible Officer	
_____ Title of Responsible Officer/Agent			_____ Date	
FOR OFFICE USE ONLY				
CD	CHECK NUMBER	CHECK DATE	CHECK AMOUNT	
DATE DEPOSITED	BATCH NO.	RECEIPT NO.	REPORT ID	HOLDER NO.