



INSURANCE COMPANY HOLDER REPORT FORM 2016

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-1Ins 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 \$50.00 or more _____ | | 14b. Dollar Value \$ _____ | | |
| 14c. Total accounts less than \$50.00 _____ | | 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 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. |
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