



STATE BOARD OF WORKERS' COMPENSATION
 270 Peachtree Street, N.W. - Atlanta, Georgia 30303-1299
 Thomas M. Risko, Chief Financial Officer
 404/656-2314 Fax 404/657-1767
 riskot@sbwc.ga.gov

Date:

 Company:
 Address:

IMPORTANT: PLEASE COMPLETE THE FOLLOWING:		

(Name and Title of Person Preparing Report)		

(Company's Name)		
_____		_____
(Number and Street or P.O. Box)		(Telephone)
_____		_____
(City)	(State)	(Zip Code)

Section 34-9-150 of the Georgia Worker's Compensation Act provides for group Self-Insurance Funds. Article 164-E further indicates that "each fund shall be liable under Code Section 34-9-63 for its share of the expenses of the State Board of Workers' Compensation and, for the purposes of that code section only, it shall be treated as though it were an insurer." This same code section states that each insurer shall annually make a sworn statement of its direct earned premiums.

There is prepared below an affidavit for making the report required. Please have the affidavit executed and returned to this office by March 1, 2009.

Very truly yours,

Thomas M. Risko
 Chief Financial Officer

State of _____

County of _____

Personally appeared before the undersigned who, upon being sworn deposes and says that to the best of my knowledge and belief the direct net earned premiums of the _____ for the 2008 calendar year in the State of Georgia were \$ _____.

Sworn to and subscribed to before me on this _____ day of _____, 2009.

 Signature

 Notary Public

 Title