**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, 2025**, a sworn statement of its **DIRECT NET EARNED WORKERS' COMPENSATION PREMIUMS** written in the State of Georgia.

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|  | **IMPORTANT: PLEASE COMPLETE THE FOLLOWING:** | | |
|  | (Name of Person Preparing Report) | | |
|  | | |
|  | (Company’s Name) | | |
|  | | |
|  | (Number and Street or P.O. Box) | | (Telephone) |
|  | |  |
|  | (City) | (State) | (Zip Code) |
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During the period of one year from January 1, 2024through December 31, 2024 the WORKERS' COMPENSATION

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**DIRECT NET EARNED PREMIUMS WERE $**

**NOTICE: Please attach to this report a copy of "page 14" of the 2024 GEORGIA INSURANCE COMMISSION REPORT and email to assessment@sbwc.ga.gov.**

**CERTIFICATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby certify that the foregoing is a true and correct report of the WORKERS' COMPENSATION DIRECT NET EARNED PREMIUMS written by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a duly qualified insurance company under the Workers' Compensation Law of the State of Georgia; furthermore, I am an official of said insurance company in the capacity of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and am qualified to sign this report.

Signed this the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn to by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ before me, a Notary Public in the county of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, witness my hand and seal this the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **NOTICE!** | **NOTICE!** | **NOTICE!** |

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| Enclosed is a copy of the Annual Premium Writing Report that must be completed and returned; along with a copy of the GEORGIA PAGE 14; on or before March 1, 2025, and email to assessment@sbwc.ga.gov.  If you wish, you may fax this report to my attention at (770) 408-4359  If you have any questions regarding the above, please contact me at (404) 656-2314. | |
|  | State Board of Workers’ Compensation  Alex Volodarsky  Chief Financial Officer |