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| Date: |  | **IMPORTANT: PLEASE COMPLETE THE FOLLOWING:** |
|  |  |  |
| Company: |  | (Name of Person Preparing Report) |
| Attn: |  |
| Address: |  |
| (Telephone) |
| (Email) |

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 Section34-9-63 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, 2025.

Very truly yours,

Alex Volodarsky

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 2024 calendar year in the State of Georgia were $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sworn to and subscribed to before me on this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public Title

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

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| Enclosed is a copy of the Association Report that must be completed and returned via email to assessment@sbwc.ga.gov on or before March 1, 2025.  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. |