

# Form S



**COLORADO DIVISION OF INSURANCE  
SYNOPSIS OF ANNUAL STATEMENT FOR PUBLICATION  
Required pursuant to §10-3-109(1), C.R.S  
FOR YEAR 2010**

As Rendered to the Commissioner of Insurance

**FAILURE TO FILE THIS FORM BY MARCH 1 WILL RESULT IN PENALTIES PURSUANT TO §10-3-109(2), C.R.S.:**

If any annual report or statement from any entity regulated by the Division of Insurance is not filed by the date specified by law or by rules and regulations of the commissioner, the commissioner may assess a penalty of up to one hundred dollars per day for each day after the date an annual statement or report is due from any such entity.

Corporate Name

NAIC Number

Address (Do Not Use Post Office Box)

City

State

Zip

Assets	\$
Liabilities	\$
Capital and Surplus/Policyholder Surplus	\$

### DIVISION OF INSURANCE CERTIFICATE OF AUTHORITY

#### TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY that the

organized under the laws of \_\_\_\_\_ subject to its Articles of Incorporation or other fundamental organizational documents and in consideration of its compliance with the laws of Colorado, is hereby licensed to transact business as a Select From List insurance company, as provided by the Insurance Laws of Colorado, as amended, so long as the insurer continues to conform to the authority granted by its Certificate and its corporate articles, or its Certificate is otherwise revoked, canceled, or suspended.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the official seal of my office to be affixed at the City and County of Denver this first day of March, 20\_\_\_\_\_.

Marcy Morrison

Commissioner of Insurance

#### **SYNOPSIS FILING INSTRUCTIONS:**

1. Fill in name, address, and financial data as shown in your Annual Statement filed in Colorado. **Complete all blanks.**
2. Select a newspaper of general circulation which is published in the Denver, Colorado State Capital area for publication in at least four insertions.

Identify in the space below the name of the newspaper selected:

Assign this publication to: _____	Assign this publication to: <u>Denver County Ranger (wngates.com, Inc.)</u> (Name of Denver, Colorado paper only)
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3. RETURN THIS COMPLETED FORM TO *wngates.com, Inc.* via on-line entry, fax, or mail.
4. After publication, a copy (clipping) of the paper containing such publication must be submitted to the office of the Commissioner as proof of its publication.

Corporate Name:

Title of Officer:

Phone Number:

Typed Name of Approving Officer:

Signature: \_/s/

Address of Billing Office:

**wngates.com, Inc. ~ 1301 Skippack Pike ~ Suite 7A#211 ~ Blue Bell, PA 19422 800.213.6415**

**Visit [www.wngates.com](http://www.wngates.com) to file on-line!**