



COLORADO

Department of Regulatory Agencies

Division of Insurance

Marguerite Salazar  
Commissioner of Insurance

Form S

SYNOPSIS OF ANNUAL STATEMENT FOR PUBLICATION  
Required pursuant to §10-3-109(1), C.R.S  
FOR YEAR \_\_\_\_\_

**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 \_\_\_\_\_ 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, 2018.

\_\_\_\_\_  
Marguerite Salazar  
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 publication to: \_\_\_\_\_  
(Name of Denver, Colorado paper only)

\*COMPANY MUST ASSIGN PUBLICATION TO A NEWSPAPER PUBLISHED IN DENVER, COLORADO

- 3. Return this completed form directly to the newspaper selected above.
- 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 \_\_\_\_\_

Address of Billing Office \_\_\_\_\_

Inquiries: [DORA\\_INS\\_FinancialAffairs@state.co.us](mailto:DORA_INS_FinancialAffairs@state.co.us)

