



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE**

**CHARITABLE GIFT ANNUITY ISSUER
ANNUAL REPORT**

INSTRUCTIONS AND FORM

ALL ANNUAL REPORTS SHOULD BE MAILED TO THE FOLLOWING ADDRESS:

**Joe Walker
Lead Licensing Analyst
Tennessee Department of Commerce and Insurance
Financial Affairs Section / Analytical Unit
500 James Robertson Parkway, 7th Floor
Nashville, Tennessee 37243**

Questions? Call Joe Walker at 615-741-7520 or email at robert.walker@tn.gov

Instructions

Due Date

If Filing the report with Attested ("Verified) financial data: This report is due ninety (90) days after the close of the charitable organization's fiscal year (or at a later date approved by the Commissioner).

If Filing the report with CPA-audited financial data: This report is due one hundred and fifty (150) days after the close of the charitable organization's fiscal year (or at a later date approved by the Commissioner).

Filing requirements

1. Submit the following required items:
 - a. The Annual Report Form, located on the last page of this package with all requested information.
 - b. The Financial Statement of the charitable organization, including its balance sheet and receipts and disbursements for the reporting year. This statement must be either audited by a Certified Public Accountant or Verified by two (2) officers. If audited, a copy is acceptable. If Verified, the statement should be accompanied by an original signature and notarized attestation by two (2) officers stating that the financial data is "true and correct" and reference the statement by date to which the attestation applies. (i.e., "the balance sheet and income statement for the period ending December 31, 2013 are true and correct"). Copies of attestations are not accepted.
 - c. A statement of any material changes in the information previously submitted to this Department. (if none, provide that statement by checking the blank in the form)

If the charity uses a reserving option for the separate account, the following additional items are required:

 - d. An actuarial opinion prepared by a qualified actuary.
 - e. Bank or brokerage statement on the separate account in (d) above.
2. In lieu of the items listed under item #1 above, a copy of a report that has been filed in the State of Domicile of the charitable organization or in any other state in which the charitable organization must file a report containing the same information listed under item #1 above will be deemed to satisfy the Annual Reporting requirements.

IMPORTANT NOTES:

- **Failure to file this annual report may result in the suspension or revocation of the charitable organization's Certificate of Authority.**
- There is **NO FEE** for filing this annual report.
- Do not confuse the Annual Report with the yearly renewal. The Annual Report is not a substitute for the yearly renewal. The yearly renewal consists of a letter of intent to renew containing company contact person information accompanied by a non-refundable renewal fee of \$100.00. The yearly renewal is due March 1 of every year.
- The Commissioner of Commerce and Insurance shall have the authority to request additional information as needed.



STATE OF TENNESSEE
 DEPARTMENT OF COMMERCE AND INSURANCE
 500 James Robertson Parkway, 7th Floor
 Nashville, Tennessee 37243-1135
 (615) 741-7520

**TENNESSEE CHARITABLE GIFT ANNUITY ISSUER ("CGAI")
 ANNUAL REPORT**

Filed on behalf of:

 (Name of Charitable Organization)

 (Physical Street Address) (City) (State) (ZIP)

Mailing address, if different from above. If same as above, state "same"

 (Mailing Address) (City) (State) (ZIP)

Address of Tennessee office. Insert 'N/A' if organization has no office in Tennessee:

 (Address) (City) (State) (ZIP)

Contact Person for any questions about this Annual Report (required)	
Name:	
Address:	
City, State, Zip Code:	
Phone Number:	
E-Mail Address:	

We hereby certify to the correctness and attach the following information as part of this report:

1. A CPA audited or verified financial statement (must coincide with this fiscal year).
2. A notification of material changes in the charitable organization's information. If none, check here _____
3. A report on the gift annuity activity during the past year as follows:

This report covers the period _____ to _____

All data below must coincide with your fiscal year

	Annuities issued thru 12/31/08	Annuities issued after 1/1/09
The number of Tennessee gift annuity contracts outstanding as of the beginning of the reporting year:		
The number of Tennessee gift annuity contracts issued during the reporting year:	N/A	
The number of Tennessee gift annuity contracts that terminated during the reporting year:		
The number of Tennessee gift annuity contracts as of the end of the reporting year:		
The amount of Tennessee annuity payments made during the reporting year:	\$	\$
The amount transferred from the charity's TN or multi-state separate account to the general account during the reporting year:	\$	\$
Amount of money in the (check one) ___ TN only or ___ Multi-State Separate Account) as of the end of the reporting year:	\$	\$

4. The charitable organization hereby certifies that it does not use persons that receive commissions for the sale, solicitation or negotiation of charitable gift annuities.

Acknowledge this statement by initialing this space: Officer #1: _____ Officer #2: _____

5. The charitable organization continues to maintain a charitable gift annuity separate account for Tennessee annuities in accordance with the following (check one):

_____ **Separate Tennessee-only Account containing the total amount of donations for outstanding charitable gift annuities to which the account applies**

_____ **Separate Multi-State Account containing the total amount of donations for outstanding charitable gift annuities to which the account applies**

_____ **Separate Tennessee-only Account containing One hundred ten percent (110%) of the reserves calculated in a manner consistent with T.C.A § 56-52-104(b).**

_____ **Separate Multi-State Account containing One hundred ten percent (110%) of the reserves calculated in a manner consistent with T.C.A § 56-52-104(b).**

_____ **100% of all gift annuities reinsured under as allowed by Tenn. Code Ann. §56-52-104(b). There is no separate account using this method.**

6. The charitable organization agrees to abide by all requirements of Tenn. Code Ann. §§ 56-52-101, *et seq.*, Tenn. Rule and Reg. 0780-1-70 as well as any and all amendments thereto.

This Annual Report must be signed by two (2) of the Charitable Organization's principal officers below. Each signature must be notarized separately.

Officer #1

Officer #2

Signature

Signature

Name (printed)

Name (printed)

Title (printed)

Title (printed)

Subscribed and sworn before me, this _____ day
of _____, 20_____

Subscribed and sworn before me, this _____ day
of _____, 20_____

(Notary Public)

(Notary Public)

My commission expires on the ___ of _____, 20__.

My commission expires on the ___ of _____, 20__.

(Seal required)

(Seal required)