



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Financial Affairs Section
Charitable Gift Annuity Licensing
500 James Robertson Parkway, 7th Floor
Nashville, Tennessee 37243
(615) 741-1670

**CHARITABLE GIFT ANNUITY ISSUER
ANNUAL REPORT**

ALL ANNUAL REPORTS SHOULD BE MAILED TO THE FOLLOWING ADDRESS:

Tennessee Department of Commerce and Insurance
Financial Affairs Section
CGA Licensing Analyst
500 James Robertson Parkway, 7th Floor
Nashville, Tennessee 37243

For questions, call 615-741-1670

Filing Instructions

Fill out the "Tennessee Charitable Gift Annuity Issuer ("CGAI") Annual Report" (Next Page) in its entirety.

One of the following **must** accompany the "Tennessee Charitable Gift Annuity Issuer ("CGAI") Annual Report:"

Attested ("Verified) Financial Data: The financial data of the charitable organization must include the balance sheet and income statement that correspond to the Charitable Gift Annuity Issuer's fiscal year. If Verified, a statement on letterhead should accompany the financial data. It should read that the financial data is "true and correct" and reference the financial data by date to which the attestation applies. (i.e., "the balance sheet and income statement for the period ending December 31, 20?? are true and correct"). This statement needs to be signed by two (2) principal officers and notarized.

OR

Audited Financial Statement: Must be audited by an independent Certified Public Accountant (CPA).

IMPORTANT NOTE:

If the charitable organization maintains a charitable gift annuity separate account that equals one hundred ten percent (110%) of the reserves, the charitable organization will be required to submit an actuarial opinion prepared by a qualified actuary yearly upon filing the "Tennessee Charitable Gift Annuity Issuer ("CGAI") Annual Report."



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 Nashville, Tennessee 37243-1135
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**TENNESSEE CHARITABLE GIFT ANNUITY ISSUER ("CGAI")
 ANNUAL REPORT**

Filed on behalf of: _____
 (Name of Charitable Organization)

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

Charitable Organization Contact Person: _____ Telephone Number: _____

Contact E-mail: _____

This report covers the period _____ to _____

All of the following data below must coincide with your fiscal year:

	Prior Year	Current Year
The number of Tennessee gift annuity contracts outstanding as of the beginning of the year:		
The number of Tennessee gift annuity contracts issued during the reporting year:		
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:	\$	\$
Amount of money in the Separate Account as of the end of the reporting year:	\$	\$

The charitable organization agrees to abide by all requirements of §Title 56 Chapter 52, Tenn. Rule and Reg. 0780-01-70, as well as any and all amendments thereto.

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

Officer #1

 (Signature)

 (Title)

Officer #2

 (Signature)

 (Title)

Sworn to me this ____ day of _____, 20__.

 (Notary public) My commission expires: _____ SEAL