Department of Revenue Services
State of Connecticut

(Rev. 1/04)

2003 Schedule GAA
Insurance Guaranty Association Credit

Purpose: Each domestic insurance company making any entry on Line 5 of the 2003 **Form 207**, *Insurance Premiums Tax Return/Domestic Companies*, and each nonresident or foreign insurance company making any entry on Line 12 of the 2003 **Form 207F**, *Insurance Premiums Tax Return/Nonresident and Foreign Companies*, must file this schedule on or before March 1, 2004.

This schedule must be attached to the 2003 Form 207 or 2003 Form 207F.

Name of Taxpayer	CT Insurance Premiums Tax Registration No.

Part 1: CIGA Assessment Credit

Each member of the Connecticut Insurance Guaranty Association (CIGA) must complete *Part 1*. In completing *Part 1*, a member should refer to the:

- Notice of Assessment and Refund of Assessment (Notice) issued to all members on December 27, 2000, by CIGA;
- Assessment Statement (2000 Assessment Statement) issued on December 28, 2000, by CIGA, and;
- Notice of Insolvency and Assessment issued to all members on December 28, 2001, by CIGA.

Each member must enter in *Part 1*, Column D, the amount of the Column A assessment paid during the Column C calendar year. Multiply the *Part 1*, Column D amount by 20% (.20), and enter the result in *Part 1*, Column E. Enter the amount from *Part 1*, Line 6 on *Part 5*, Line 1.

	A Assessment Date	B Name of Insolvent Insurer	C Calendar Year	D Assessment Amount Paid During Column C Calendar Year	E 20% of Amount Entered in Column D
1.	12/28/2000	LMI Insurance Co	2000	$	$
2.	12/28/2000	LMI Insurance Co	2001	$	$
3.	12/28/2001	Reliance Insurance Co.	2002	$	$
4.	Add Line 1, Line 2, and Line 3				$
5.	Enter amounts transferred to affiliate(s) and reported on 2003 Form GAA-1				$
6.	Subtotal: Subtract Line 5 from Line 4. Enter the result here and on *Part 5*, Line 1				$

Part 2: CLHIGA Assessment Credit

Each member of the Connecticut Life and Health Insurance Guaranty Association (CLHIGA) must complete *Part 2*. In completing *Part 2*, a member should refer to the Assessment Invoice (with a due date of August 1, 2002) issued to all members.

Each member must enter in *Part 2*, Line 1, Column D, the amount of the Column A assessment paid during the Column C calendar year. Multiply the *Part 2*, Line 1, Column D amount by 20% (.20), and enter the result in *Part 2*, Line 1, Column E. Enter the amount from *Part 2*, Line 3 on *Part 6*, Line 1.

	A Assessment Date	B Name of Insolvent Insurer	C Calendar Year	D Assessment Amount Paid During Column C Calendar Year	E 20% of Amount Entered in Column D
1.	8/01/2002	Administrative Assessment	2002	$	$
2.	Enter amounts transferred to affiliate(s) and reported on 2003 Form GAA-2				$
3.	Subtotal: Subtract Line 2 from Line 1. Enter the result here and on *Part 6*, Line 1				$

Part 3: Transfer of CIGA Assessment Credit

Part 3 must be completed by an insurance company (tranferee) to which a CIGA assessment credit was transferred by a CIGA member (transferor). The transferee must be an affiliate, as defined in Conn. Gen. Stat. §38a-1, of the transferor. The information reported in *Part 3* should agree with the information reported on 2003 Form GAA-1, *Transfer of CIGA Assessment Credit*, signed by both the transferee and the transferor.

	A Assessment Date	B Name of Insolvent Insurer	C Transferor's Insurance Premiums Tax Reg. No.	D Calendar Year	E Assessment Amount Paid During Column D Calendar Year	F 20% of Amount Entered in Column E
1.	12/28/2000	LMI Insurance Co		2000	$	$
2.	12/28/2000	LMI Insurance Co		2001	$	$
3.	12/28/2001	Reliance Insurance Co.		2002	$	$
4.	Subtotal: Enter the result here and on *Part 5*, Line 2					$

Part 4: Transfer of CLHIGA Assessment Credit

Part 4 must be completed by an insurance company (tranferee) to which a CLHIGA assessment credit was transferred by a CLHIGA member (transferor). The transferee must be an affiliate, as defined in Conn. Gen. Stat. §38a-1, of the transferor. The information reported in *Part 4* should agree with the information reported on 2003 Form GAA-2, *Transfer of CLHIGA Assessment Credit,* signed by both the transferee and the transferor.

	A Assessment Date	B Name of Insolvent Insurer	C Transferor's Insurance Premiums Tax Reg. No.	D Calendar Year	E Assessment Amount Paid During Column D Calendar Year	F 20% of Amount Entered in Column E
1.	8/1/2002	Administrative Assessment		2002	$	$
2.	Subtotal: Enter the result here and on *Part 6*, Line 2					$

Part 5: CIGA Amount Carried to Return

1.	Subtotal from *Part 1,* Line 6	$	
2.	Subtotal from *Part 3,* Line 4	$	
3.	Add Line 1 and Line 2. Round to the nearest whole dollar. Enter the result here and on 2003 **Form 207**, Line 5a, or 2003 **Form 207F**, Line 12a	$	00

Part 6: CLHIGA Amount Carried to Return

1.	Subtotal from *Part 2,* Line 3	$	
2.	Subtotal from *Part 4,* Line 2	$	
3.	Add Line 1 and Line 2. Round to the nearest whole dollar. Enter the result here and on 2003 **Form 207**, Line 5b, or 2003 **Form 207F**, Line 12b	$	00

For Further Information

For further information on the insurance premiums tax, call the Excise/Public Services Taxes Subdivision of the Audit Division at **860-541-3225** from 8:00 a.m. to 5:00 p.m., Monday through Friday.