

Form GAA-1

Transfer of CIGA Assessment Credit

Complete this form in blue or black ink only.

Both an insurance company (transferee) to which a Connecticut Insurance Guaranty Association (CIGA) assessment credit was transferred and the CIGA member (transferor) by which the CIGA assessment credit was transferred must file this form with their respective **Form 207**, *Insurance Premiums Tax Return/Domestic Companies*, or **Form 207F**, *Insurance Premiums Tax Return/Nonresident and Foreign Companies*, on or before March 1, 2017.

Transferor's name	Transferee's name
Transferor's Connecticut Tax Registration Number	Transferee's Connecticut Tax Registration Number

Instructions for Transferor

Enter the transferor's name and Connecticut Tax Registration Number above. The transferor must enter information about the transferred CIGA assessment credit from Part 1 of its 2016 **Schedule GAA**, *Insurance Guaranty Association Credit*. An authorized officer of the transferor must sign and date four copies of the 2016 **Form GAA-1**, *Transfer of CIGA Assessment Credit*, and must deliver them to the transferee. Once those copies are signed and dated by the transferee, and the transferee returns two signed copies to the transferor, the transferor must attach one copy to the transferor's 2016 Form 207 or Form 207F and retain the other copy for its records.

Complete a 2016 Form GAA-1 only to report a transfer of a CIGA assessment credit for calendar year 2016. Do not complete a subsequent year (2017 or later) Form GAA-1 to report a transfer of a CIGA assessment credit for calendar year 2016.

The transferor named above hereby assigns the credit described below to the transferee named above. This credit may be taken only against the transferee's insurance premiums tax liability. The transferee is an affiliate, as defined in Conn. Gen. Stat. §38a-1, of the transferor. This transfer does not affect the obligation of the transferor to pay to the Department of Revenue Services (DRS) any sums acquired by refund from CIGA under Conn. Gen. Stat. §38a-841(2) that are required to be paid to DRS in accordance with Conn. Gen. Stat. §38a-841(a)(3)(A).

Signature of authorized officer of transferor Date

Print name of authorized officer

Print title of authorized officer

Signature of authorized officer of transferee Date

Print name of authorized officer

Print title of authorized officer

No entries should be made as negative amounts.

	A Assessment Date	B Name of Insolvent Insurer	C Calendar Year	D Assessment Amount Paid During Column C Calendar Year	E 20% (.20) of Amount Entered in Column D
1	12/27/2010	Villanova Insurance Co. et al.	2011	\$	\$
2	12/29/2011	American Universal Ins. Co. et al.	2011	\$	\$
3	12/29/2011	American Universal Ins. Co. et al.	2012	\$	\$
4	12/20/2012	Employers Casualty Co. et al.	2012	\$	\$
5	12/20/2012	Employers Casualty Co. et al.	2013	\$	\$
6	01/02/2014	Atlantic Mutual Ins. Co. et al.	2014	\$	\$
7	01/01/2015	American Mutual Liability Ins. Co. et al.	2015	\$	\$
8	Add Lines 1 through 7.				\$

The amounts on Lines 1 through 7 should agree with the amounts on the:

- Transferor's 2016 Schedule GAA, Part 1, Lines 1 through 7; **and**
- Transferee's 2016 Schedule GAA, Part 3, Lines 1 through 7.

For Further Information

For further information on the insurance premiums tax, call the Public Services Audit unit at **860-541-3225** during business hours Monday through Friday, 8:30 a.m. to 4:30 p.m.