

2018 Schedule GAA

Insurance Guaranty Association Credit

Complete this form in blue or black ink only.

For each domestic insurance company making any entry on Line 6 or Line 7 of the 2018 **Form 207**, *Insurance Premiums Tax Return/Domestic Companies*, attach this completed form to the 2018 Form 207. For each nonresident or foreign insurance company making any entry on Line 13 or Line 14 of the 2018 **Form 207F**, *Insurance Premiums Tax Return/Nonresident and Foreign Companies*, attach this completed form to the 2018 Form 207F. For each health care center making an entry on Line 15 of the 2018 **Form 207HCC**, *Connecticut Health Care Center Tax Return*, attach this completed form to the 2018 Form 207HCC. **No entries should be made as negative amounts.**

Name of taxpayer	NAIC company code _____	Connecticut Tax Registration Number
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Part 1: Connecticut Insurance Guaranty Association (CIGA) Assessment Credit

Each member of CIGA must complete Part 1. In completing Part 1, a member should refer to the following notices issued to all members by CIGA on the date shown in parentheses:

- Notice of Assessment and Refund of Assessment (December 20, 2012);
- Notice of Assessment and Refund of Assessment (January 2, 2014);
- Notice of Assessment and Refund of Assessment (January 1, 2015);
- Notice of Assessment and Refund of Assessment (January 1, 2016); **and**
- Notice of Assessment and Refund of Assessment (January 2, 2017)

The member's corresponding assessment statement for each of the above referenced notices should be attached to this form.

A member must enter in Part 1, Column D, the amount of the Column A assessment paid during the Column C calendar year. Multiply Part 1, Column D, by 20%, and enter the result in Part 1, Column E. Enter the amount from Part 1, Line 8, in 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% (.20) of Amount Entered in Column D
1	12/20/2012	Employers Casualty Co. et al.	2013	\$	\$
2	01/02/2014	Atlantic Mutual Ins. Co. et al.	2014	\$	\$
3	01/01/2015	American Mutual Liability Ins. Co. et al.	2015	\$	\$
4	01/01/2016	Centennial Ins. Co. et al.	2016	\$	\$
5	01/02/2017	Villanova Ins. Co. et al.	2017	\$	\$
6	Add Lines 1 through 5				\$
7	Enter amounts transferred to affiliate(s) and reported on 2018 Form GAA-1 , <i>Transfer of CIGA Assessment Credit</i> .				\$
8	Subtotal: Subtract Line 7 from Line 6. Enter the result here and in Part 5, Line 1.				\$

Part 2: Connecticut Life and Health Insurance Guaranty Association (CLHIGA) Assessment Credit

Each member of CLHIGA must complete Part 2. In completing Part 2, a member should refer to the following assessment invoices issued to the member by CLHIGA on the date shown in parentheses:

- Assessment Invoice (January 2, 2013);
- Assessment Invoice (May 15, 2013);
- Assessment Invoice (June 12, 2013);
- Assessment Invoice (December 2, 2016); **and**
- Assessment Invoice (April 17, 2017)

A member must enter in Part 2, Column D, the amount of the Column A assessment paid during the Column C calendar year. Multiply Part 2, Column D, by 20%, and enter the result in Part 2, Column E. Enter the amount from Part 2, Line 10 in 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% (.20) of Amount Entered in Column D
1	01/02/2013	Administrative assessment	2013	\$	\$
2	05/15/2013	Lumberman's Mutual Casualty Co.	2013	\$	\$
3	06/12/2013	Executive Life Ins. Co. of NY	2013	\$	\$
4	12/02/2016	HealthyCT	2016	\$	\$
5	12/02/2016	HealthyCT	2017	\$	\$
6	04/17/2017	Penn Treaty Network America Ins. Co.	2017	\$	\$
7	04/17/2017	American Network Ins. Co.	2017	\$	\$
8	Add Lines 1 through 7.				\$
9	Enter amounts transferred to affiliate(s) and reported on 2018 Form GAA-2 , <i>Transfer of CLHIGA Assessment Credit</i> .				\$
10	Subtotal: Subtract Line 9 from Line 8. Enter the result here and in Part 6, Line 1.				\$

Part 3: Transfer of CIGA Assessment Credit

Part 3 must be completed by an insurance company (transferee) 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 2018 Form GAA-1, 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% (.20) of Amount Entered in Column E
1	12/20/2012	Employers Casualty Co. et al.		2013	\$	\$
2	01/02/2014	Atlantic Mutual Ins. Co. et al.		2014	\$	\$
3	01/01/2015	American Mutual Liability Ins. Co. et al.		2015	\$	\$
4	01/01/2016	Centennial Ins. Co. et al.		2016	\$	\$
5	01/02/2017	Villanova Ins. Co. et al.		2017	\$	\$
6	Subtotal: Add Lines 1 through 5. Enter the result here and in Part 5, Line 2.					\$

Part 4: Transfer of CLHIGA Assessment Credit

Part 4 must be completed by an insurance company (transferee) 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 2018 Form GAA-2, 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% (.20) of Amount Entered in Column E
1	01/02/2013	Administrative assessment		2013	\$	\$
2	05/15/2013	Lumberman's Mutual Casualty Co.		2013	\$	\$
3	06/12/2013	Executive Life Ins. Co. of NY		2013	\$	\$
4	12/02/2016	HealthyCT		2016	\$	\$
5	12/02/2016	HealthyCT		2017	\$	\$
6	04/17/2017	Penn Treaty Network America Ins. Co.		2017	\$	\$
7	04/17/2017	American Network Ins. Co.		2017	\$	\$
8	Subtotal: Add Lines 1 through 7. Enter the result here and in Part 6, Line 2.					\$

Part 5: CIGA Amount Carried to Return

1	Subtotal from Part 1, Line 8					\$	
2	Subtotal from Part 3, Line 6					\$	
3	Add Line 1 and Line 2. Round to the nearest whole dollar. Enter the result here and on 2018 Form 207 , Line 6, or 2018 Form 207F , Line 13.					\$	00

Part 6: CLHIGA Amount Carried to Return

1	Subtotal from Part 2, Line 10					\$	
2	Subtotal from Part 4, Line 8					\$	
3	Add Line 1 and Line 2. Round to the nearest whole dollar. Enter the result here and on 2018 Form 207 , Line 7; 2018 Form 207F , Line 14; or 2018 Form 207HCC , Line 15.					\$	00

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.