

## Schedule GAA Insurance Guaranty Association Credit

(New 02/02)

**Purpose:** Each domestic insurance company making any entry on Line 6 of the 2001 **Form 207**, *Insurance Premiums Tax Return/Domestic Companies*, and each nonresident or foreign insurance company making any entry on Line 12 of the 2001 **Form 207F**, *Insurance Premiums Tax Return/Nonresident and Foreign Companies*, must file this schedule on or before March 1, 2002.

This schedule and the December 28, 2000, Assessment Statement issued by the Connecticut Insurance Guaranty Association (CIGA) must be attached to **Form 207** or **Form 207F**, as the case may be.

Name of Taxpayer	CT Insurance Premiums Tax Registration Number
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### Part 1 - CIGA or CLHIGA Assessment Credit

#### Part 1A - CIGA Assessment Credit

Each member of the Connecticut Insurance Guaranty Association (CIGA) must complete *Part 1A*. In completing *Part 1A*, a member should refer to the Notice of Assessment and Refund of Assessment ("Notice") issued to all members on December 27, 2000, by CIGA and the Assessment Statement ("Assessment Statement") issued on December 28, 2000, by CIGA. Each member must enter in *Part 1A*, Column A, the "amount payable" for LMI Insurance Company from the Assessment Statement issued. A member must enter in *Part 1A*, Column B, its share (if any) of the refunds of assessment for the insolvent insurance companies listed on the Notice. A member's share of the refunds will be reported, in parentheses, as its "amount payable" for the insolvencies on the Assessment Statement issued. Because CIGA applied, during December 2000, each member's share of such refunds against its share of the

assessment for LMI Insurance Company, the amount applied by CIGA is treated by Department of Revenue Services (DRS) as an assessment paid by the member during 2000. If a member's share of the assessment for LMI Insurance Company exceeded its share of refunds, the excess should not be reported in Column B, because CIGA has reported to DRS that no member paid the excess to CIGA during 2000. The amount entered in Column B should be multiplied by 20% (0.2), and the product should be entered in Columns C, D, E, F, and G. The subtotal for *Part 1A*, must be entered on *Part 3*, Line 1. **Please note:** The amount entered in Column B should not reflect adjustments made by CIGA to prior assessments and refunds of assessments to correct for premium years other than 2000.

Name of Insolvent Insurer	(A) Amount of Assessment	(B) Amount Paid During 2000	Amount Creditable for Calendar Years				
			(C) 2001	(D) 2002	(E) 2003	(F) 2004	(G) 2005
LMI Insurance Company							
Subtotal: (Add Column (C) amounts)							

#### Part 1B - CLHIGA Assessment Credit

There is no CLHIGA assessment credit to be taken because no assessment was made by CLHIGA during 2000.

**Part 2 - Transfer of CIGA or CLHIGA Assessment Credit**

**Part 2A - Transfer of CIGA Assessment Credit**

Part 2A 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 to be entered in Part 2A is reported on the 2001 **Form GAA-1, Transfer of CIGA Assessment Credit**, that was signed by both the Transferee and the Transferor.

Name of Transferor	Transferor's Insurance Premiums Tax Reg. No.	Name of Insolvent Insurer	(A) Amount of Assessment	(B) Amount Paid During 2000	Amount Creditable for Calendar Years				
					(C) 2001	(D) 2002	(E) 2003	(F) 2004	(G) 2005
		LMI Insurance Co.							
Subtotal: (Enter from Transferee's Form GAA-1)									

**Part 2B - Transfer of CLHIGA Assessment Credit**

There is no CLHIGA assessment credit to be transferred because no assessment was made by CLHIGA during 2000.

**Part 3 - Total Amount Creditable for Calendar Year 2001**

1	Subtotal from Part 1A	
2	Subtotal from Part 1B	0.00
3	Subtotal from Part 2A	
4	Subtotal from Part 2B	0.00
Total 2001 Credit (Enter on Form 207, Line 6, or Form 207F, Line 12)		

**For Further Information**

For further information on the insurance premiums taxes, please 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.