

# Form GAA-1

# 2005

## Transfer of CIGA Assessment Credit

Complete this form in blue or black ink only.

**Purpose:** Both an insurance company (transferee) to which a CIGA assessment credit was transferred and the CIGA member (transferor) from 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*, as the case may be, on or before March 1, 2006.

Transferor's Name	Transferee's Name
Transferor's CT Insurance Premiums Tax Reg. No.	Transferee's CT Insurance Premiums Tax Reg. No.

### Instructions for Transferor

Enter the transferor's name and Connecticut insurance premiums tax registration number above. The transferor must enter information about the transferred CIGA assessment credit from Part 1 of its 2005 **Schedule GAA**, *Insurance Guaranty Association Credit*. An authorized officer of the transferor must sign and date four copies of the 2005 **Form GAA-1** 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 2005 **Form 207** or **Form 207F** and retain the other copy for its records.

### Instructions for Transferee

Enter the transferee's name and Connecticut insurance premiums tax registration number above. An authorized officer of the transferee must sign and date the four copies of the 2005 **Form GAA-1** that were delivered to the transferee by the transferor. The transferee must report on its 2005 **Schedule GAA**, *Insurance Guaranty Association Credit*, Part 3, the information entered on the 2005 Form GAA-1. The transferee must attach one signed copy of the 2005 Form GAA-1 to the transferee's 2005 **Form 207** or **Form 207F** and retain the other copy for its records. The transferee must return the other two signed copies of the 2005 Form GAA-1 to the transferor.

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 that are acquired by refund from CIGA under Conn. Gen. Stat. §38a-841(2) and that are required to be paid to DRS in accordance with Conn. Gen. Stat. §38a-841(3)(A).

\_\_\_\_\_  
Signature of Authorized Officer of Transferor                      Date

\_\_\_\_\_  
Signature of Authorized Officer of Transferee                      Date

\_\_\_\_\_  
Print Name of Authorized Officer

\_\_\_\_\_  
Print Name of Authorized Officer

\_\_\_\_\_  
Print Title of Authorized Officer

\_\_\_\_\_  
Print Title of Authorized Officer

A		B	C	D	E
Assessment Date		Name of Insolvent Insurer	Calendar Year	Assessment Amount Paid During Column C Calendar Year	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	12/30/2002	Reliance Insurance Co.	2003	\$	\$
5	12/29/2003	American Universal et al.	2004	\$	\$

The amounts on Lines 1 through 5 should agree with the amounts on the:

- Transferor's 2005 Schedule GAA, Part 1, Lines 1 through 5; **and**
- Transferee's 2005 Schedule GAA, Part 3, Lines 1 through 5.

**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 8:30 a.m. to 4:30 p.m., Monday through Friday.