Form GAA-1 Transfer of CIGA Assessment Credit

Date

(Rev. 01/14)

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, 2014.

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 2013 **Schedule GAA**, *Insurance Guaranty Association Credit*. An authorized officer of the transferor must sign and date four copies of the 2013 **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 2013 Form 207 or Form 207F and retain the other copy for its records.

Enter the transferee's name and Connecticut Tax Registration Number above. An authorized officer of the transferee must sign and date the four copies of the 2013 Form GAA-1 that were delivered to the transferee by the transferor. The transferee must report on its 2013 Schedule GAA, Part 3, the information entered on the 2013 Form GAA-1. The transferee must attach one signed copy of the 2013 Form GAA-1 to the transferee's 2013 Form 207 or Form 207F and retain the other copy for its records. The transferee must return the other two signed copies of the 2013 Form GAA-1 to the transferor.

Complete a 2013 Form GAA-1 only to report a transfer of a CIGA assessment credit for calendar year 2013. Do not complete a subsequent year (2014 or later) Form GAA-1 to report a transfer of a CIGA assessment credit for calendar year 2013.

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(3)(A).

Date

Signature of authorized officer of transferor

Signature of authorized officer of transferee

Print name of authorized officer

Print name of authorized officer

Instructions for Transferee

Print title of authorized officer

Print title of authorized officer

No entries sl	nould be ma	de as negative	amounts.

	Α	В	С	D	E
	Assessment	Name of Insolvent	Calendar	Assessment Amount Paid During	20% (.20) of Amount
	Date	Insurer	Year	Column C Calendar Year	Entered in Column D
1	12/27/2007	Villanova Insurance Co. et al.	2008	\$	\$
2	12/22/2008	Home Insurance Co.	2008	\$	\$
3	12/22/2008	Home Insurance Co.	2009	\$	\$
4	12/22/2009	Covenant Mutual Ins. Co. et al.	2009	\$	\$
5	12/22/2009	Covenant Mutual Ins. Co. et al.	2010	\$	\$
6	12/27/2010	Villanova Insurance Co. et al.	2010	\$	\$
7	12/27/2010	Villanova Insurance Co. et al.	2011	\$	\$
8	12/29/2011	American Universal Ins. Co. et al.	2011	\$	\$
9	12/29/2011	American Universal Ins. Co. et al.	2012	\$	\$
10	12/20/2012	Employers Casualty Co. et al.	2012	\$	\$

The amounts on Lines 1 through 10 should agree with the amounts on the:

• Transferor's 2013 Schedule GAA, Part 1, Lines 1 through 10; and

• Transferee's 2013 Schedule GAA, Part 3, Lines 1 through 10.

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.