

FORM 115AR

REPORT OF PROCUREMENT, CONTINUANCE OR RENEWAL OF INSURANCE WITH UNAUTHORIZED INSURER

1. Name and Address of the Insured _____

2. Contract Number _____ Premium Charged \$ _____

3. Effective Date _____ Expiration Date _____

4. Name and Address of the Insurer _____

5. General Description of Coverage _____

6. Subject of the Insurance _____

DECLARATION: I declare under the penalties of false statement that I have examined this application and to the best of my knowledge and belief it is true, complete and correct. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Keep a copy of this return for your records	Signature of Principal Officer	Title	Date	Telephone Number ()
	Paid Preparer's Signature		Date	Federal Employer Identification Number
	Firm Name and Address			

NOTE: Pursuant to Conn. Gen. Stat. §38a-277, this report must be filed with the Commissioner of Revenue Services within 60 days after the date insurance is procured, continued or renewed with any unauthorized insurer. A separate report is required for each new or renewal insurance contract. **Form 115A, Premium Tax Return**, must be filed, and a 4% tax (on the premium charged for such insurance during the calendar year) must be paid to the Commissioner of Revenue Services on or before March 1 of the next succeeding calendar year.