Department of Revenue Services State of Connecticut

(New 02/02)

Form GAA-1 Transfer of CIGA Assessment Credit

Purpose: Both an insurance company to which a CIGA assessment credit was transferred ("Transferee") and the CIGA member from which the CIGA assessment credit was transferred ("Transferor") 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, 2002.

Name of Transferor				Name of Transferee				
CT Insurance Premiums Tax Reg. No. of Transferor				CT Insurance Premiums Tax Reg. No. of Transferee				
Instruction	s for Transferor	Instructions for Transferee						
must be ent assessment Association copies of the copies are si the Transfero	ror's name and Connecticut insurance ered. The Transferor must enter inforcredit from <i>Part 1A</i> , of its 2001 Sc <i>Credit.</i> An authorized officer of the 2001 Form GAA-1 , and must deliver tigned and dated by the Transferee, and or by the Transferee, the Transferor must 207 or Form 207F , as the case may be a second or by the Transferor must be the transferor must	mation about the tra- chedule GAA, Insur- fransferor must sign them to the Transfered two signed copies at attach one copy to	ansferred CIGA rance Guaranty and date four ee. Once those are returned to the Transferor's her copy for its	must be entered. copies of Form G Transferee must Association Credi Transferor. The Transferee's 2001	An authorized of AA-1 that were report in <i>Part 2,</i> the information ransferee must at Form 207 or	officer of the Trans delivered to the T 4, of its 2001 Scl that was entered ttach one signed co orm 207F, as the	feree must sign a ransferee by the hedule GAA, Ins. on the 2001 For opy of the 2001 For case may be, and	nd date the fou Transferor. Th urance Guarant m GAA-1 by th rm GAA-1 to the retain the othe
premiums tax Department	for named above hereby assigns the calliability. The Transferee is an affiliate, of Revenue Services (DRS) any sums with Conn. Gen. Stat. §38a-841(3)(A).	as defined in Conn.	Gen. Stat. §38a-1	1, of the Transferor	. This transfer do	oes not affect the o	bligation of the Tra	insferor to pay t
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 Authori	zed Officer			
Assessment Date	t Name of Insolvent Insurer	(A) Amount of Assessment	(B) Amount Paid In 2000	Amount Creditable for Calendar Year				
				(C) 2001	(D) 2002	(E) 2003	(F) 2004	(G) 2005
12/28/00	LMI Insurance Company							

For Further Information

Subtotal: (Enter on Transferee's Schedule GAA, Part 2A)

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.