

Transfer of CLHIGA Assessment Credit

(Rev. 12/05)

Purpose: Both an insurance company (transferee) to which a CLHIGA assessment credit was transferred and the CLHIGA member (transferor) from which the CLHIGA 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.

Complete this form in blue or black ink only.

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 CLHIGA assessment credit from Part 2 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-2** 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 its 2005 Form 207 or Form 207F and retain the other copy for its records.

Instructions for Transferee

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 2005 Form GAA-2 delivered to the transferee by the transferor. The transferee must report on its 2005 Schedule GAA, *Insurance Guaranty Association Credit*, Part 4, the information entered on the 2005 Form GAA-2. The transferee must attach one signed copy of the 2005 Form GAA-2 to its 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-2 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 acquired by refund from CLHIGA under Conn. Gen. Stat. §38a-866(f) and required to be paid to DRS in accordance with Conn. Gen. Stat. §38a-866(h)(1).

Signature of Authorized Officer of Transferor Date

Print Name of Authorized Officer

Print Title of Authorized Officer

Signature of Authorized Officer of Transferee Date

Print Name of Authorized Officer

Print Title of Authorized Officer

	A Assessment Date	B Name of Insolvent Insurer	C Calendar Year	D Assessment Paid During Column C Calendar Year	E 20% of Amount Entered in Column D
1	8/1/2002	Administrative Assessment	2002	\$	\$
2	3/1/2003	Administrative Assessment	2003	\$	\$
3	2/2/2004	Administrative Assessment	2004	\$	\$
4	Add Lines 1, 2 and 3.				\$

The amount on Line 3 should agree with the amounts on the:

- Transferor's 2005 Schedule GAA, Part 2, Lines 1 through 3; **and**
- Transferee's 2005 Schedule GAA, Part 4, Lines 1 through 3.

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 8:00 a.m. to 5:00 p.m., Monday through Friday.