Department of Revenue Services State of Connecticut

(Rev. 12/21)

Form GAA-2 Transfer of CLHIGA Assessment Credit

Attach Form GAA-2 electronically when filing Form 207, Insurance Premiums Tax Return/Domestic Companies, Form 207F, Insurance Premiums Tax Return - Nonresident and Foreign Companies, or Form 207 HCC, Connecticut Health Care Center Tax Return, using myconneCT. DRS myconneCT allows taxpayers to electronically file, pay and manage state tax responsibilities.

If you file Form 207, Form 207F, or Form 207 HCC by mail, complete Form 207, Form 207F, or Form 207 HCC, and Form GAA-2, in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing, the correct year's form must be submitted to the Department of Revenue Services (DRS). Do not use staples.

Both an insurance company (transferee) to which a Connecticut Life and Health Insurance Guaranty Association (CLHIGA) assessment credit was transferred and the CLHIGA member (transferor) by which the CLHIGA assessment credit was transferred must file this form with their respective Form 207, Form 207F, or Form 207 HCC, on or before March 1, 2022.

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 2021 Schedule GAA, Insurance Guaranty Association Credit. An authorized officer of the transferor must sign and date four copies of the 2021 Form GAA-2, Transfer of CLHIGA 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 2021 Form 207, Form 207F, or Form 207 HCC 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 2021 Form GAA-2 that were delivered to the transferee by the transferor. The transferee must report on its 2021 Schedule GAA, Part 4, the information entered on the 2021 Form GAA-2. The transferee must attach one signed copy of the 2021 Form GAA-2 to the transferee's 2021 Form 207, Form 207F, or Form 207 HCC and retain the other copy for its records. The transferee must return the other two signed copies of the 2021 Form GAA-2 to the transferor.

Complete a 2021 Form GAA-2 only to report a transfer of a CLHIGA assessment credit for calendar year 2021. Do not complete a subsequent year (2022 or later) Form GAA-2 to report a transfer of a CLHIGA assessment credit for calendar year 2021.

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 DRS any sums acquired by refund from CLHIGA under Conn. Gen. Stat. § 38a-866(f) that are required to be paid to DRS in accordance with Conn. Gen. Stat. § 38a-866(h)(1).

Signature of authorized officer of transferor	Date	Signature of authorized officer of transferee	Date
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Print name of authorized officer		Print name of authorized officer	
Print name of authorized officer		Print name of authorized officer	
Print title of authorized officer		Print title of authorized officer	

No entries should be made as negative amounts.

	Α	В	С	D	E
	Assessment	Name of Insolvent	Calendar	Assessment Amount Paid During	20% (.20) of Amount
	Date	Insurer	Year Paid	Column C Calendar Year	Entered in Column D
1	04/17/2017	Penn Treaty Network America Ins. Co.	2017	\$	\$
2	04/17/2017	American Network Ins. Co.	2017	\$	\$
3	01/19/2018	Penn Treaty Network America Ins. Co.	2018	\$	\$
4	01/19/2018	American Network Ins. Co.	2018	\$	\$
5	Add Lines 1 t	\$			

The amounts on Lines 1 through 4 should agree with the amounts on the:

- Transferor's 2021 Schedule GAA, Part 2, Lines 1 through 4; and
- Transferee's 2021 Schedule GAA, Part 4, Lines 1 through 4.

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.

TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling 860-297-4911. Taxpayers may also call 711 for relay services. A taxpayer must tell the 711 operator the number he or she wishes to call. The relay operator will dial it and then communicate using a TTY with the taxpayer.