450 Columbus Blvd Ste 1 Hartford CT 06103-1837 AN 2024(5) ANNOUNCEMENT

## **Assessments Refunded by the Connecticut Insurance Guaranty Association**

**Purpose:** This is an annual Announcement to notify specific insurers that are members (member insurers) of the Connecticut Insurance Guaranty Association (CIGA) that on or before February 20, 2024, the member insurer must pay a portion of their recently refunded assessments, as described in this Announcement, to the Department of Revenue Services (DRS).

**Effective Date:** Upon issuance.

Statutory Authority: Conn. Gen. Stat. § 38a-841(c)(1).

Payment by Member Insurers Required on or Before February 20, 2024: On January 4, 2024, CIGA mailed to member insurers an Assessment Statement with a January 4, 2024, Assessment Date and refunded to its member insurers a portion of prior CIGA assessments made to meet CIGA's obligations with respect to Ideal Mutual Insurance Company (2004 base year), Reliance Insurance (2001 base year), Shelby Insurance Company (2006 base year), and Castlepoint National Insurance Company (2016 base year).

For Connecticut insurance premiums tax purposes, a CIGA assessment paid by a member insurer during a calendar year beginning on or after January 1, 2000 is permitted to be offset against the member insurer's Connecticut insurance premiums tax liability for the five calendar years following the calendar year during which the CIGA assessment was paid (with 20% of the assessment permitted to be offset in each of those five calendar years) provided that if a CIGA assessment paid during a calendar year beginning on or after January 1, 2000, is refunded to a member insurer, the member insurer is required to pay the amount of the refunded assessment to DRS.

Each member insurer is now required to pay to DRS the total of:

• The amount entered in the row for **Ideal Mutual Insurance Company** for *Workers' Compensation* under the column headed *Amount Payable* on the January 4, 2024, Assessment Statement;

- The amount entered in the row for **Reliance Insurance Company** for *Workers' Compensation* under the column headed *Amount Payable* on the January 4, 2024, Assessment Statement;
- The amount entered in the row for **Shelby Insurance Company** for *Workers' Compensation* under the column headed *Amount Payable* on the January 4, 2024, Assessment Statement;
- The amount entered in the row for Castlepoint National Insurance Company for Workers' Compensation under the column headed Amount Payable on the January 4, 2024, Assessment Statement;

Member Insurers That Did Not Offset Any Portion of an Original Assessment: If a member insurer did not offset any portion of an original assessment by CIGA with respect to Ideal Mutual Insurance Company (2004 base year), Reliance Insurance Company (2001 base year), Shelby Insurance Company (2006 base year), and Castlepoint National Insurance Company (2016 base year) against its Connecticut insurance premiums tax liability for any calendar year, the member insurer must notify DRS either by mail, to the following address:

Vincent Milardo, Insurance Tax Section Public Services Unit Department of Revenue Services 450 Columbus Blvd Ste 1 Hartford CT 06103-1837

or by email, to: Auditinsurancetax@ct.gov

Failure to provide written notification to the DRS may result in an assessment being issued.

**Payment Due Date:** Payment is due to DRS on or before the forty-fifth day after the date of mailing of the January 4, 2024, Assessment Statement. The date of mailing was January 4, 2024.

If the amount that a member insurer is required to pay to DRS is not paid on or before February 20, 2024, interest will accrue on the amount not paid at the rate of 1% per month or fraction of a month from February 20, 2024.

## AN 2024(5)

To pay electronically, log in to **myconneCT**, locate your Guaranty Association account on the Summary screen, and select *Make a Payment*.

To pay by check, make your check payable to **Commissioner of Revenue Services**. DRS may submit your check to your bank electronically.

## To ensure the proper crediting of your payment by check:

- The member insurer's Connecticut Tax Registration Number and "CIGA Refunded Assessment" must be written in the lower left corner of the check:
- A copy of the member insurer's January 4, 2024, Assessment Statement must be enclosed with the payment; and
- Payment must be sent to:

Vincent Milardo, Insurance Tax Section Public Services Unit Department of Revenue Services 450 Columbus Blvd Ste 1 Hartford CT 06103-1837 Effect on Other Documents: None.

**Effect of This Document:** Announcements alert taxpayers to new developments (other than newly enacted or amended Connecticut or federal laws or newly released judicial decisions), including new administrative positions, policies, or practices.

For More Information Regarding Refunded CIGA Assessments: Call the DRS Public Services Unit at **860-541-3225**, Monday through Friday, 8:30 a.m. to 4:30 p.m.

For the Latest News: Visit the DRS website at portal.ct.gov/DRS.

## **E-Services Update**

Use **myconneCT** to file taxes, make payments, view filing history, and communicate with the agency simply and more efficiently on virtually any mobile device, including laptops, tablets, and smartphones, 24 hours a day, 7 days a week. For updated information, please visit the DRS website at **portal.ct.gov/DRS-myconneCT**.

AN 2024(5) Insurance Premiums Tax CIGA Issued: 01/10/2024