



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

John W. Oxendine, Commissioner

PREMIUM TAX UNIT
2 MLK, JR. DR., 916 WEST TOWER, ATLANTA, GA 30334
WWW.GAINSURANCE.ORG

FORM
GID 12A

Rev. 10/05

STATEMENT OF QUARTERLY PREMIUM TAX
FOR THE PERIOD ENDED _____, 2006

CHECK HERE FOR ADDRESS CHANGE []

CONTACT CHANGE []

Company Name
Mailing Address for Premium Tax
City, State and ZIP
Contact Name for Premium Tax Issues
Contact Phone Number
Contact E-Mail Address
Company Type: Life and A&S HMO P&C, Surety or Captive Title Other
State of Domicile Company NAIC Number

Table with 2 columns: METHOD 1 and METHOD 2. Rows include: 1a. Total Tax Paid for year ended 12/31/2005, 1b. Prepayment Due, 2a. Estimated Taxable Premiums for this Quarter, 2b. Prepayment Due, 3. Prepayment Due From Line 1b or Line 2b Above, 4. Prior Year Overpayment To Be Applied This Quarter, 5. Payment Included With This Statement.

INSTRUCTIONS

- 1. Estimated quarterly payments must be at least 80% of tax actually due (NOT OF TAX ESTIMATED TO BE DUE) for the quarter or you may make four equal quarterly payments based on preceding calendar year's tax. (O.C.G.A. § 33-8-6)
2. Forward your report to the address at the top of this form. Make checks payable to "Georgia Insurance Department".
3. Abatements/credits provided for in Title 33 of the Official Code of Georgia Annotated may not be used in determining quarterly estimated premium tax due.
4. Pay Tax and have quarterly reports POSTMARKED BY U.S. POSTAL SERVICE (NOT IN-HOUSE POSTAGE EQUIPMENT) on or before the 20th day of March, June, September and December. OTHERWISE, THIS FORM MUST BE RECEIVED BY THE GEORGIA INSURANCE DEPARTMENT ON OR BEFORE THE 20th DAY OF MARCH, JUNE, SEPTEMBER, AND DECEMBER. If you prefer to use the electronic funds transfer method of payment, please contact the Georgia Insurance Department at (404) 656-7553 for bank information and instructions.
5. Valid period ending dates are March 31, June 30, September 30, and December 31.
6. If you have questions regarding the completion of this form, please contact the Premium Tax Unit of the Georgia Insurance Department at (404) 656-7553. (E-mail: premiumtax@mail.oci.state.ga.us)

SIGN HERE
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.
Signature of Corporate Officer of Taxpayer Date Title
Corporate Officer's Name (Please Print) Telephone Number