

**GEORGIA INSURANCE DEPARTMENT
PREMIUM TAX UNIT
916 WEST TOWER, #2 MARTIN LUTHER KING, JR. DRIVE
ATLANTA, GEORGIA 30334**

STATEMENT OF QUARTERLY PREMIUM TAX

FOR THE PERIOD ENDED _____, 2005

CHECK HERE FOR ADDRESS 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 _____

METHOD 1	METHOD 2
1a. Total Tax Paid for year ended 12/31/2004 \$ _____ (Form GID-12, Line 14 for 2004)	2a. Estimated Taxable Premiums for \$ _____ this Quarter
1b. Prepayment Due (Line 1 Times .25) \$ _____	2b. Prepayment Due \$ _____ (Line 2a. times .0225)
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 (Amount on Line 3 Minus Amount on Line 4) \$ _____	
*** Check here if paying by EFT <input type="checkbox"/>	

INSTRUCTIONS

- 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)
- Forward your report to the address at the top of this form. Make checks payable to "Georgia Insurance Department."
- 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.
- 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.
- Valid period ending dates are March 31, June 30, September 30, and December 31.
- 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.)

State of _____ County of _____

Before me personally appeared _____ who, being duly sworn, deposes and says that he/she is the
Deponent Name (Please Print)

_____ of _____, and that the foregoing information is true and correct.
Title (Please Print) Insurance Company Name (Please Print)

Sworn and subscribed before me this _____ day of _____, 20____

Notary Public (Signature)--(Attach Seal)

Deponent (Signature)