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 12
Rev. 10/05

2005 ANNUAL PREMIUM TAX RETURN

DUE MARCH 1, 2006

Report of _____, chartered in the state of _____

showing gross direct premiums received and premium tax due in the state of Georgia for the year ended December 31, 2005.

TYPE OF COMPANY: LIFE AND A&S _____ HMO _____ P&C, SURETY OR CAPTIVE _____ TITLE _____ OTHER _____

COMPANY NAIC NUMBER: _____ ☐ ORIGINAL ☐ AMENDED

1. Gross direct premium received on policies issued, excluding annuities. * * Attach reconciliation statement if premiums do not agree with Annual Statement. See Instructions for definition of premiums.	$
2. Less premiums returned and dividends paid	
3. Taxable premiums (Line 1 minus Line 2)	
4. Amount of premium tax (Line 3 times 0.0225)	$
ABATEMENTS AND DEDUCTIONS	
5. Allowed under O.C.G.A. §33-8-5 as shown on Form GID-14	$
6. Allowed under O.C.G.A. §33-8-7 as shown on Form GID-15 (Domestic P&C only)	
7. Allowed under O.C.G.A. §33-8-8 as shown on Form GID-17A (Life, A&S, and HMO only)	
8. Life and A&S guaranty assessments paid - O.C.G.A. §33-38-22 (See instructions)	
9. County/Municipal taxes paid to Commissioner in 2005 O.C.G.A. §33-8-8.1 (Life, A&S, and HMO only)	
10. TOTAL ABATEMENTS AND DEDUCTIONS	$ ( )
11. Premium tax net of abatements and deductions (Line 4 minus Line 10) (if negative, enter 0.00)	$
12. Georgia Housing Credit allowed under O.C.G.A. §33-1-18 as shown on Form IT-HC	$ ( )
13. Retaliatory tax required by O.C.G.A. §33-3-26 as shown on Form GID-13	$
14. Total tax liability (Line 11 Minus Line 12 Plus Line 13) (if negative, enter 0.00)	$
PREPAYMENTS AND CREDITS	
15. (a) Prepayment Quarter 1 $ _____ (Do not include overpayment credit applied)	
(b) Prepayment Quarter 2 _____ (Do not include overpayment credit applied)	
(c) Prepayment Quarter 3 _____ (Do not include overpayment credit applied)	
(d) Prepayment Quarter 4 _____ (Do not include overpayment credit applied)	
(e) Prior Year Overpayment _____ (2004 Form GID-12, Line 17 if credit balance)	
16. TOTAL PREPAYMENTS AND CREDITS (Sum of Line 15a through 15e)	$ ( )
17. BALANCE DUE (Line 14 minus Line 16) IF POSITIVE AMOUNT, ATTACH CHECK FOR THIS AMOUNT *** CHECK HERE IF PAYING BY EFT ☐	$
18. Quarterly Breakdown of Premium Collections * Required of all insurance companies regardless of tax payment method used on quarterly prepayments. Breakdown total must equal Line 3. (a) Quarter 1 $ _____ (c) Quarter 3 $ _____ (b) Quarter 2 $ _____ (d) Quarter 4 $ _____ (e) TOTAL COLLECTIONS $ _____	

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

THE OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF PROGRAMS OR SERVICES.
IF YOU ARE AN INDIVIDUAL WITH A DISABILITY AND WISH TO ACQUIRE THIS PUBLICATION IN AN ALTERNATIVE FORMAT, PLEASE CONTACT THE ADA COORDINATOR, SAFETY FIRE DIVISION, OFFICE OF COMMISSIONER OF INSURANCE, No. 2 MARTLIN LUTHER KING Jr. DRIVE, ATLANTA, GA 30334 – 404-656-2056

INSTRUCTIONS FOR FORM GID-12

(2005 ANNUAL PREMIUM TAX RETURN)

PREMIUM TAX CALCULATION

Enter Company Name, State of Domicile and NAIC# in the spaces provided. Indicate Company type and check the box for Original or Amended.

Line 1 Enter gross direct premiums received on policies issued without any deductions allowed for premium abatements of any kind or character or for reinsurance or for cash surrender values paid, or for losses or expenses of any kind on Line 1. Include any assessment, or any membership, policy, survey, inspection, service or similar fee or charge. Exclude premiums for annuities. ***YOU MUST PROVIDE A STATEMENT OF RECONCILIATION IF PREMIUMS ENTERED ON LINE 1 DO NOT AGREE WITH PREMIUMS FOR GEORGIA AS SHOWN ON SCHEDULE T OF THE ANNUAL STATEMENT.***

Line 2 Enter on Line 2 returned premiums or assessments, including all policy dividends, refunds, or other similar returns paid or credited to policyholders and not reapplied as premium for additional or extended life insurance. A negative amount on Line 2 will serve to increase taxable premiums. (O.C.G.A. §33-8-4)

Line 3 Calculate the taxable premiums by subtracting Line 2 from Line 1. Enter the calculated amount on Line 3.

Line 4 Calculate the premium tax due by multiplying Line 3 by .0225. If the calculated amount is positive, enter the amount on Line 4.

ABATEMENTS AND DEDUCTIONS

Line 5 Before completing Line 5, calculate the abatement percentage available using Form GID-14. Enter the amount shown on Form GID-14, Line 7a or 7b on Line 5. Attach Form GID-14 and all information required to support the abatement. If the abatement percentage calculated on Form GID-14 is at least 25% and less than 75%, the available abatement is Line 3 times .01. If the abatement percentage calculated on Form GID-14 is at least 75%, the available abatement is Line 3 times .0175.

Line 6 Before completing Line 6; calculate the total retaliatory taxes paid to foreign states for the 2005 tax year using Form GID-15. Form GID-15 is only applicable to Georgia domiciled companies issuing policies as described in the top section of Form GID-15. If the total retaliatory tax paid as reflected on Form GID-15 is greater than zero, enter the amount on Line 6. Attach Form GID-15 and proof of payment of all retaliatory taxes claimed.

Line 7 Before completing Line 7; calculate the total license fees paid to municipalities during 2005 using Form GID-17A. Form GID-17A is ***only applicable to Life, A&S, and HMO companies***. If the total license fees paid as reflected on the Form GID-17A is greater than zero, enter the amount on Line 7. Attach Form GID-17A to support the deduction claimed.

Line 8 Before completing Line 8, calculate the amount of deduction of Life and Health Guaranty Assessments available using Form GID-50. If the total credit to be taken as reflected under Column E of Form GID-50 is greater than zero, enter the amount on Line 8. Attach GID-50 to support the deduction claimed.

Line 9 On Line 9; enter the amount of County/Municipal taxes paid during 2005. Line 9 is ***only applicable to Life, A&S, and HMO companies***. Companies other than Life, A&S, and HMO should claim any County/Municipal taxes paid in 2005 in Column 1, Line 9 of Form GID-13.

Line 10 Calculate the total abatements and deductions by adding Lines 5, 6, 7, 8, and 9. Enter the sum on Line 10.

CALCULATION OF TOTAL TAX LIABILITY

Line 11 Calculate the premium tax net of abatements and deductions by subtracting Line 10 from Line 4. If the calculated amount is positive, enter the amount on Line 11. If the calculated amount is negative, enter $0 on Line 11.

Line 12 Form IT-HC must be completed before entering an amount on Line 12 and cannot exceed the amount on Line 11. Complete documentation including ***GA K-1 and Building Allocation*** must be attached to support the tax credit claimed.

Line 13 Before completing Line 13; calculate the amount of retaliatory tax due using Form GID-13. Form GID-13 is applicable to all foreign and alien insurers. Enter the amount of retaliatory tax due on Line 13. Attach Form GID-13 to support the retaliatory tax calculation.

Line 14 Calculate the total tax liability: Line 11 minus Line 12 plus Line 13. If the calculated amount is positive, enter the amount on Line 14. ***If the calculated amount is negative, enter $0 on Line 14.***

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PREPAYMENTS AND CREDITS

Line 15 On lines 15a, 15b, 15c, and 15d, enter the amounts *actually paid* with the first, second, third, and fourth quarter Statements of Quarterly Premium Tax, respectively. Do not include overpayment credits applied.

On Line 15e, enter the amount of non-refunded overpayment, if any. The amount of overpayment should be equal to the amount of Line 17 on the 2004 Form GID-12, plus/minus any audit adjustments or refunds made by the Insurance Commissioner's Office of Georgia.

Line 16 Calculate the total prepayments and credits by adding amounts on Lines 15a, 15b, 15c, 15d, and 15e. Enter the calculated amount on Line 16.

BALANCE DUE

Line 17 Calculate the balance due by subtracting Line 16 from Line 14. Enter the calculated amount on Line 17. If the amount on Line 17 is greater than zero, please enclose your check payable to: ***Georgia Insurance Department.*** If the amount is negative, you may apply the overpayment to future state premium tax payments. Refunds may only be requested in writing under ***separate cover***.

QUARTERLY BREAKDOWN OF PREMIUM COLLECTIONS

Line 18 Lines 18a, 18b, 18c, and 18d – Provide the amount of premiums collected in the first, second, third, and fourth quarter, respectively. Enter the total of Lines 18a, 18b, 18c and 18d on Line 18e. Line 18e must equal Line 3.

FILING INSTRUCTIONS

Complete information in the bottom section of the form. Incomplete forms will be returned. Mail completed form along with payment to the address shown at the top of form by March 1, 2006. To avoid penalties and interest, have form postmarked with a **U.S.P.S. postmark–NOT IN-HOUSE POSTAGE EQUIPMENT–**no later than March 1, 2006. 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. Payment by check or EFT is due on or before 3/1/2006.

DO NOT INCLUDE THIS FORM IN ANNUAL STATEMENT FILING.

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DO NOT REMIT ANNUAL LICENSE FEE OR FILING FEES WITH PREMIUM TAX PAYMENT.

• • •

ANY CHECKS RECEIVED WHICH INCLUDE LICENSE FEES OR FILING FEES WILL BE RETURNED.

NOTE: If you have any questions regarding the completion of this form, please call
(404) 656-7553
E-mail: premiumtax@mail.oci.state.ga.us

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GEORGIA INSURANCE DEPARTMENT
PREMIUM TAX UNIT
REMINDERS

- ***DO NOT mail the Annual Premium Tax Return with your Annual Statement***. (The Annual Statement should be mailed to the Regulatory Services Division.)
- Any request for a refund of overpayment of state premium tax must be made ***in writing and mailed separately*** from the Annual Premium Tax Return.
- Please call our office at (404) 656-7553 if you have any questions.
- Website information: www.gainsurance.org

Electronic Funds Transfer Information:

State Account: Wachovia Bank	Fraud Account: SunTrust Bank
ABA/Routing# 061000227	ABA/Routing# 061000104
State Account# 2000179950694	Account# 1000008138645
Local Account# 2000123898760	

2006 - DATES TO REMEMBER

The following items are due on the dates indicated below. This listing is not intended to be a comprehensive list of all filings due to the Georgia Insurance Department. This listing only addresses filings that are due to the Premium Tax Unit of the Georgia Insurance Department.

All payments must be received on or before the following due dates. If payment is mailed, it must be postmarked by the U.S. Postal Service (Not IN-HOUSE POSTAGE) on or before the following due dates:

March 1, 2006	Annual Premium Tax Return
March 20, 2006	First Quarter Statement of Quarterly Premium Tax
June 20, 2006	Second Quarter Statement of Quarterly Premium Tax
August 1, 2006	County/Municipal Tax
September 1, 2006	Special Fraud Fund Assessment
September 20, 2006	Third Quarter Statement of Quarterly Premium Tax
December 20, 2006	Fourth Quarter Statement of Quarterly Premium Tax

Please note: Pursuant to O.C.G.A. §33-8-6(d); late payment, underpayment or non-payment of any of the above items will result in the imposition of penalties in the amount of 10% of the amount due, together with interest on the amount due at the rate of 1% per month or any portion of a month from the date due until the date paid.

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