OFFICE OF COMMISSIONER OF INSURANCE

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 916, West Tower, Atlanta, GA 30334

Phone 404-656-7553

www.oci.ga.gov

PREMIUM TAX

GID-203-PT Rev OCT2014

2014 RECONCILIATION STATEMENT ANNUAL PREMIUM TAX RETURN

COMPANY NAME _____ **NAIC NUMBER** _____

This form must be completed when the amounts reported on Line 1 of Form GID-012-PT, Annual Premium Tax Return, do not reconcile with the Annual Statement Schedule T or State Page amounts.

		Amount
Schedule T/State Page Premiums:		$
Adjustments: (description)*		
ADD:		
	Total additions:	$
DEDUCT:	**HDHP (See below)****	
	MEDICARE	
	Total deductions:	
TOTAL PREMIUMS (report on Line 1 of Form GID-012-PT)		$

***Describe the adjustment and attach supporting documentation (e.g., annual statement schedules). Supporting documentation must be included.**

**** For exemption of HDHPs: attach a schedule with the (1) name of the insured (2) single or family coverage (3) deductible level of policy (4) policy form number as GA DOI approved (5) premium collected for tax return period (5) a statement by a company officer attesting that each policy claimed as exempt meets the definition of an HDHP as defined in 26 U.S.C. § 223.**

Contact the Premium Tax Division with any questions at 404-656-7553 or premiumtax@oci.ga.gov

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