

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

**2003 ANNUAL PREMIUM TAX RETURN  
DUE MARCH 1, 2004**

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, 2003.

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

COMPANY NAIC NUMBER: \_\_\_\_\_  ORIGINAL  AMENDED

<b>1. Gross direct premium received on policies issued, excluding annuities.*</b> *Attach reconciliation statement if premiums do not agree with Annual Statement. See instructions for definition of premium.	\$ _____
<b>2. Less premiums returned and dividends paid</b>	_____
<b>3. Taxable premiums (Line 1 minus Line 2)</b>	_____
<b>4. Amount of premium tax (Line 3 times .0225)</b>	\$ _____
<b>ABATEMENTS AND DEDUCTIONS</b>	
<b>5. Allowed under O.C.G.A. §33-8-5 as shown on Form GID-14</b>	\$ _____
<b>6. Allowed under O.C.G.A. §33-8-7 as shown on Form GID-15 (Domestic P &amp; C only)</b>	_____
<b>7. Allowed under O.C.G.A. §33-8-8 as shown on Form GID-17A (Life, A&amp;S, and HMO only)</b>	_____
<b>8. Life and A &amp; S guaranty assessments paid - O.C.G.A. §33-38-22 (See instructions.)</b>	_____
<b>9. County/Municipal taxes paid to Commissioner in 2003 O.C.G.A. §33-8-8.1 (Life, A&amp;S, and HMO only)</b>	_____
<b>10. TOTAL ABATEMENTS AND DEDUCTIONS</b>	\$ ( _____ )
<b>11. Premium tax net of abatements and deductions (Line 4 minus Line 10) (If negative, enter 0.00)</b>	\$ _____
<b>12. Georgia Housing Tax Credit allowed under O.C.G.A. §33-1-18 as shown on Form IT-HC</b>	\$ ( _____ )
<b>13. Retaliatory tax required by O.C.G.A. §33-3-26 as shown on Form GID-13</b>	\$ _____
<b>14. Total tax liability (Line 11 Minus Line 12 Plus Line 13) (If negative, enter 0.00)</b>	\$ _____
<b>PREPAYMENTS AND CREDITS</b>	
<b>15. (a) Prepayment Quarter 1</b> \$ _____ (Do not include overpayment credit applied)	
<b>(b) Prepayment Quarter 2</b> _____ (Do not include overpayment credit applied)	
<b>(c) Prepayment Quarter 3</b> _____ (Do not include overpayment credit applied)	
<b>(d) Prepayment Quarter 4</b> _____ (Do not include overpayment credit applied)	
<b>(e) Prior Year Overpayment</b> _____ (From 2002 Form GID-12, Line 17 if credit balance)	
<b>16. TOTAL PREPAYMENTS AND CREDITS (Sum of Lines 15a through 15e)</b>	\$ ( _____ )
<b>17. BALANCE DUE (Line 14 minus Line 16) IF POSITIVE AMOUNT, ATTACH CHECK FOR THIS AMOUNT</b> *** CHECK HERE IF PAYING BY EFT <input type="checkbox"/>	\$ _____
<b>18. Quarterly Breakdown of Premiums Collected</b> *Required of all insurance companies regardless of tax payment method used on quarterly prepayments. Breakdown total must equal Line 3.	
<b>(a) Quarter 1 \$</b> _____ <b>(c) Quarter 3 \$</b> _____	
<b>(b) Quarter 2 \$</b> _____ <b>(d) Quarter 4 \$</b> _____	
<b>(e) TOTAL COLLECTIONS</b> \$ _____	

State of \_\_\_\_\_ County of \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who, being duly sworn, deposes and says that  
Deponent Name (Please Print)

he/she is the \_\_\_\_\_ of \_\_\_\_\_, and  
Title (Please Print) Insurance Company (Please Print)

that the foregoing information is true and correct.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public (Signature)--(Attach Seal)

\_\_\_\_\_  
Deponent (Signature)

