



DISTRICT OF COLUMBIA
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING
 LOCKBOX 92180, WASHINGTON, D.C. 20090-2180

Company Name: _____ NAIC Code: _____ Tax Year: _____

DISTRICT OF COLUMBIA LIFE AND HEALTH INSURANCE GUARANTY FUND ASSESSMENT PREMIUM TAX CREDIT CLASS B ASSESSMENT

Year Assessed	Life Assessed	Life Refund	A&H Assessed	A&H Refund	Total Amount Assessed	Total Amount Refunded	Year Taken	Tax Credit Schedule	Amortized Tax Credit Schedule												
2004																					
2005							2005														
2006							2006														
2007							2007														
2008							2008														
2009							2009														
2010							2010														
2011							2011														
2012							2012														
2013							2013														
2014							2014														
							2015														
							2016														
							2017														
							2018														
							2019														
							2020														
							2021														
							2022														
							2023														
							2024														

Note: Proof of payment for assessments must be attached. This form applies to **Class B Assessments** imposed by the D.C. Life and Health Insurance Guaranty Association, pursuant to D.C. Law 9-129, D.C. Code § 31-5410. The form must be completed and filed with the **Insurance Tax Return** by all companies taking Life and Health Guaranty Fund tax credits on the Insurance Tax Return. These include Life and Health companies, and Property and Casualty companies that write Life and Health business. **(A COMPUTER WORKSHEET MAY BE SUBMITTED IN PLACE OF THIS FORM.)**

Note: The District of Columbia allows companies to assume Life and Health Guaranty Fund tax credits through mergers or acquisitions. Any credits assumed should be added to your company's tax credits for the corresponding year of the original assessment. In addition, companies whose total Class B assessment is between \$0.10 and \$9.99 for any single year should take one single credit the following year.