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	RECOVERY A&H Assessed	A&H Refund	Total Amount Assessed	Total Amount Refunded	Year Taken	Tax Credit Schedule	Amortized Tax Credit Schedule									
2003																		
2004							2004											
2005							2005											
2006							2006											
2007							2007											
2008							2008											
2009							2009											
2010							2010											
2011							2011											
2012							2012											
2013							2013											
							2014											
							2015											
							2016											
							2018											
							2019											
							2020											
							2021											
							2022											
							2022											
							2023											

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.

GFF11/13