



District of Columbia
Department of Insurance, Securities and Banking

LIFE AND HEALTH INSURANCE GUARANTY FUND CLASS B ASSESSMENT RECOVERY FORM

Company Name: _____

NAIC Code: _____ Tax Year: _____

Year Assessed	Life Assessed	Life Refund	A&H Assessed	A&H Refund	Total Amount Assessed	Total Amount Refunded	Year Taken	Tax Credit (Refund) to Line 12e	Amortized Tax Credit Schedule												
2007																					
2008							2008														
2009							2009														
2010							2010														
2011							2010														
2012							2012														
2013							2013														
2014							2014														
2014							2015														
2015							2016														
2017							2017														
							2018														
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							2020														
							2021														
							2022														
							2023														
							2024														
							2025														
							2026														
							2027														

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. Official 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.