OFFICE OF COMMISSIONER OF INSURANCE

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

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2015 RECONCILIATION STATEMENT
ANNUAL CAPTIVE PREMIUM TAX RETURN

PREMIUM TAX
GID-203C-PT
SEPT 2015

COMPANY NAME* _____

COMPANY NAIC/ORGID NUMBER*: _____ *This info will auto-fill the top line of Schedule T section below.

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

Schedule T/State Page Premiums for companies under common control:

NAIC/ORGID #	COMPANY NAME	AMOUNT
		$

Adjustments: (description)*		
ADD:		
	Total additions:	$
DEDUCT:		
	Total deductions:	$
TOTAL PREMIUMS (report on Line 1 of Form GID-012C-PT)		$

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

If you choose to prorate multi-year policies, you must attach a schedule listing the policy number, policy term and the amount of premium tax collected for the policy.

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