



OFFICE OF COMMISSIONER OF INSURANCE

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

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www.gainsurance.org

2008 RECONCILIATION STATEMENT ANNUAL PREMIUM TAX RETURN

**PREMIUM TAX
GID-203-PT SEP08**

COMPANY NAME _____ NAIC NUMBER _____

This form must be completed when the amounts reported on Line 1 of Form GID 12, Annual Premium Tax Return, do not reconcile with the Annual Statement Schedule T or State Page amounts.

Amount

Schedule T/State Page Premiums:		\$
Adjustments: (description)*		
ADD:		
	Total additions:	\$
DEDUCT:	MEDICARE	
	Total deductions:	
TOTAL PREMIUMS (report on Line 1 of Form GID 12)		\$

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

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