GOVERNMENT OF THE DISTRICT OF COLUMBIA

IA 29 (Rev. 01/04)

DEPARTMENT OF INSURANCE AND SECURITIES REGULATION
INSURANCE BUREAU
P.O. Box 92180, WASHINGTON, D.C. 20090-2180

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

COMPANY: _____
NAIC NO: Group Code: _____ Company Code: _____
ADDRESS: _____

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.

(A COMPUTER WORKSHEET MAY BE SUMMITTED IN PLACE OF THIS FORM.)

LIFE* AND A&H CLASS B (ONLY)

* All assessments prior to 2002 should be entered in the LIFE column.

NOTE: Proof of payment for assessments must be attached. This form is not proof of payment for assessment credits taken. The 2002 Assessment Invoice or the 2002 "Certificate of Contribution" must be attached with this form.

Years Assessed	LIFE Assessed	A&H Assessed	Total Amount Assessed ($)	Years Taken	Tax Credit Schedule ($) Class B (Only)	---------- AMORTIZED TAX CREDIT SCHEDULE ----------										
1994																
1995				1995												
1996				1996												
1997				1997												
1998				1998												
1999				1999												
2000				2000												
2001				2001												
2002				2002												
2003				2003												
2004				2004												
				2005												
				2006												
				2007												
				2008												
				2009												
				2010												
				2011												
				2012												
				2013												
				2014												

ote: 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 ith the Insurance Tax Return by all companies taking Life and Health Guaranty Fund tax credits on line 13 of the Insurance Tax Return. These include Life and Health companies, and Property and Casualty ompanies that write Life and Health business. (A COMPUTER WORKSHEET MAY BE SUMMITTED IN PLACE OF THIS FORM.)

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

COMPANY: _____

NAIC NO: Group Code: _____ Company Code: _____

ADDRESS: _____

E-X-A-M-P-L-E

E-X-A-M-P-L-E

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LIFE* AND A&H * All assessments prior to 2002 should be entered in the LIFE column.

CLASS B (ONLY)

NOTE: Proof of payment for assessments must be attached. This form is not proof of payment for assessment credits taken. The 2002 Assessment Invoice or the 2002 "Certificate of Contribution" must be attached with this form.

Years Assessed	LIFE Assessed	A&H Assessed	Total Amount Assessed ($)	Years Taken	Tax Credit Schedule ($) Class B (Only)	---------- AMORTIZED TAX CREDIT SCHEDULE ----------									
1994	300		300												
1995	0		0	1995	30	30									
1996	150		150	1996	30	30	0								
1997	75		75	1997	45	30	0	15							
1998	(200)		(200)	1998	53	30	0	15	8						
1999	(50)		(50)	1999	33	30	0	15	8	(20)					
2000	0		0	2000	28	30	0	15	8	(20)	(5)				
2001	50		50	2001	28	30	0	15	8	(20)	(5)	0			
2002	150	50	200	2002	33	30	0	15	8	(20)	(5)	0	5		
2003	(475)	(25)	(500)	2003	53	30	0	15	8	(20)	(5)	0	5	20	
2004	275	25	300	2004	3	30	0	15	8	(20)	(5)	0	5	20	(50)
				2005	3		0	15	8	(20)	(5)	0	5	20	(50)
				2006	3			15	8	(20)	(5)	0	5	20	(50)
				2007	(13)				8	(20)	(5)	0	5	20	(50)
				2008	(20)					(20)	(5)	0	5	20	(50)
				2009	0						(5)	0	5	20	(50)
				2010	5							0	5	20	(50)
				2011	5								5	20	(50)
				2012	0									20	(50)
				2013	(20)										(50)
				2014	30										
	275	50	325		325	300	0	150	75	(200)	(50)	0	50	200	(500)

					30
					30
					30
					30
					30
					30

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