

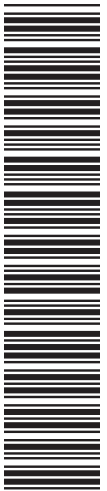
Schedule 800B

2024 Guaranty Fund Assessment Credit Worksheet

Enclose with Form 800. Submit copies of the worksheet if additional space is needed. Include totals of all worksheets on Line 16 of the worksheet. **Do not submit blank form.**

Name of Insurance Company	FEIN	NAIC/License #
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	A	B	C	D	E	F	G	H
	Assessment Notice Date	Certificate of Contribution Date	Certificate of Contribution Amount	Allowable Amortized Tax Credit for 2024	Guaranty Fund Assessment Expensed on Federal Income Statement	Effective Federal Income Tax Rate (applies if "Yes" is checked in Column E)	2024 FIT Benefit (applies if "Yes" is checked in Column E)	2024 Insurance Premiums License Tax Credit
1					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
2					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
3					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
4					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
5					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
6					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
7					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
8					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
9					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
10					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
11					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
12					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
13					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
14					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
15					<input type="checkbox"/> Yes or <input type="checkbox"/> No			
16	Total to be carried to Schedule 800CR. Include totals of all 800B worksheets							



Enter on Schedule 800CR, Section 1, Part 7, Line A.

Enter on Schedule 800CR, Section 1, Part 7, Line C.