



INSURANCE PREMIUMS TAX RETURN

For Calendar Year 1999
Return Due March 1, 2000

FOR OFFICIAL USE ONLY									
3	2	/	1	9	9	9	/	*	
Tax			Year				Tr.		
Account Number _____									

FEIN _____

NAIC/
TAX ID

Company Name _____

Home Office Address (Number and Street) _____

Mailing Address (Post Office Box) _____

Telephone Number _____

City _____

State _____

ZIP Code _____

SUMMARY OF NET TAX DUE (All Sections)

A. Net foreign life insurance tax (from Section I, line J)..... (01)	\$	<input type="text"/>	.	<input type="text"/>
B. Net other than life insurance tax (from Section II, line M)..... (02)		<input type="text"/>	.	<input type="text"/>
C. Fire insurance tax (from Section III, line E)..... (05)		<input type="text"/>	.	<input type="text"/>
D. Net retaliatory taxes and fees (from Section IV, Part C, line 7)..... (06)		<input type="text"/>	.	<input type="text"/>
E. Total net tax liability due (add lines A, B, C and D). Pay in full with this return	\$	_____		

► Make check payable to Kentucky State Treasurer and mail return with payment to:

KENTUCKY REVENUE CABINET
Mailing Address: P.O. Box 1303, Frankfort, KY 40602-1303
Overnight Address: 1266 Louisville Road, Frankfort, KY 40601

The undersigned principal officer and/or chief accounting officer of the company jointly and severally certify that this return has been examined by them and is, to the best of their knowledge and belief, a true, correct and complete return, made in good faith, for the taxable period.

Signature of President or Chief Accounting Officer _____

Print Name _____

Date _____

REPORT PREPARER'S INFORMATION

Signature _____

Title _____

Date _____

Print Name _____

() Telephone Number _____

SECTION I. FOREIGN LIFE INSURANCE TAX (Kentucky Revised Statute 136.330)

	(A) Life Insurance	(B) Annuities	
A. Life insurance premiums			
1. Total premium receipts			
2. Returned premiums			
3. Net premiums (subtract line 2 from line 1)			
4. Total Columns (A)3, Life Insurance and (B)3, Annuities			
B. Accident and health premiums			
1. Premium receipts			
2. a. Returned premiums			
b. Dividends on accident and health policies			
3. Total (add lines 2a and 2b)			
4. Net premiums—accident and health (subtract line 3 from line 1)			
C. Dividends applied to purchase paid-up additions			
D. Premiums received on reinsurance assumed on Kentucky risks from unauthorized companies (Attach itemized account of all reinsurance assumed on Kentucky risks.)			
E. Total taxable premiums (add lines A-4, B-4, C and D)			
F. Foreign life insurance tax liability (2% of line E)			
G. Life and Health Guaranty Fund Assessment credit			
H. Net foreign life insurance tax liability (subtract line G from line F; if line G exceeds line F, enter zero)			
	First Installment	Second Installment	
I. 1. Foreign life insurance tax paid by declaration			
2. Adjustments (attach documentation)			
3. Total lines I-1 and I-2			
J. Net foreign life insurance tax due (subtract line I-3 from line H and enter here and on line A, page 1)			\$

LIFE AND HEALTH GUARANTY FUND ASSESSMENT SCHEDULE

Payment Year	Total Assessment Paid	20 Percent Rate Credit
1994	_____	_____
1995	_____	_____
1996	_____	_____
1997	_____	_____
1998	_____	_____
Refunds	(_____)	(_____)
TOTALS	_____	_____

(enter amount in Section I, line G
or
Section II, line I)

SECTION II. OTHER THAN LIFE INSURANCE TAX (Kentucky Revised Statutes 136.340, 136.350, 136.370 and 136.390)

A.	Gross amount of premiums received (Include policy and membership fees. Do not include premiums returned on cancelled policies, premiums on policies not taken and premiums for federally insured crop and federally insured flood insurance (direct written premium and write-your-own policies only).)	
B.	Other amounts received for insurance or incidental services related to insurance	
C.	Gross amount received from reinsurance assumed on Kentucky risks from unauthorized companies (Attach itemized account of all reinsurance assumed on Kentucky risks.)	
D.	Total lines A, B and C	
E.	1. Amounts returned on cancelled policies not deducted on line A (Exclude amounts applicable to workers' compensation.)	
	2. Dividends paid or credited by mutual companies to policyholders (Exclude amounts applicable to workers' compensation.)	
	3. Workers' compensation insurance premiums included on line D	
F.	Total lines E-1, E-2 and E-3	
G.	Total taxable premiums (subtract line F from line D)	
H.	Other than life insurance tax liability (2% of line G)	
I.	Life and Health Guaranty Fund Assessment credit	
J.	Net other than life insurance tax liability (subtract line I from line H; if line I exceeds line H, enter zero)	
K.	1. Other than life insurance tax paid by declaration	First Installment
	2. Adjustments (attach adjustments)	Second Installment
L.	Total lines K-1 and K-2	
M.	Other than life insurance tax due (subtract line L from line J and enter here and on line B, page 1)	\$

SECTION III. FIRE INSURANCE TAX (Kentucky Revised Statutes 136.350, 136.360, 136.370 and 136.390)

A. Complete the following schedule:					
Line of Business	Enter Gross Amount Received Regardless of Designation (1)	Enter Amounts Refunded on Policies not Taken or Cancelled and Dividends Paid or Credited to Policyholders (2)	Subtract Column 2 from Column 1 (3)	Percentage Allocated to Fire (4)	Enter Amount Allocated to Fire (Multiply amount in Column 3 by percentage in Column 4) (5)
1. Fire				100	
2. Inland marine				15	
3. Aircraft physical damage				20	
4. Auto physical damage:					
a. Comprehensive				37.5	
b. Fire and theft				74.8	
c. Fire, theft and miscellaneous				67.8	
5. Comprehensive dwelling				33.3	
6. Home owners policies A, B, C and tenants				33.3	
7. Manufacturers output policy				33.3	
8. Multiple peril				50	
9. Other (specify)					
B.	Amount allocated to fire (add lines 1 through 9)				
C.	Adjustments (negative amounts and other documented adjustments)				
D.	Total lines B and C				
E.	Fire insurance tax (multiply line D by .0075 and enter here and on line C, page 1)				\$

SECTION IV. RETALIATORY TAXES AND FEES ON INSURERS (Kentucky Revised Statutes 304.3-270 and 304.4-010)

A. Aggregate of all taxes and fees on Kentucky basis			
1. a.	Two percent premiums tax (from line F, Section I, page 2 or from line H, Section II, page 3)		
b.	Fire premiums tax (from line E, Section III, page 3)		
c.	Taxes paid to Kentucky municipalities		
d.	Other (specify)		
e.	Taxes on Kentucky basis (add lines a through d)		
2. a.	Filing fee, annual statement (see instructions)	100.00	
b.	Certificate of authority fee (see instructions)	100.00	
c.	Other (specify)		
d.	Total fees on Kentucky basis (add lines a through c)		
3.	Taxes and fees on Kentucky basis (add lines 1e and 2d)		
B. Aggregate of all taxes and fees adjusted to home state basis			
		Name of Home State _____	
1. a.	Total Kentucky taxable premiums (exclude workers' compensation)		
b.	Deductions to total Kentucky taxable premiums according to home state basis (itemize):		
(1)	_____		
(2)	_____		
(3)	_____		
(4)	_____		
(5)	_____		
(6)	Total deductions		
c.	Subtract line b(6) from line a		
d.	Multiply line c by home state premium tax rate (_____ %). If multiple rates are applicable in home state, attach computation		
2. a.	Fees and other taxes charged insurer in home state (itemize):		
(1)	_____		
(2)	_____		
(3)	_____		
(4)	_____		
(5)	_____		
b.	Total fees and other taxes (add lines 1 through 5)		
3.	Taxes and fees adjusted to home state basis (sum of lines 1d and 2b)		
C. Computation of amount due—retaliatory provision			
1.	Amount from line B-3		
2.	Amount from line A-3		
3.	If line C-1 is greater than line C-2, enter excess. This is your retaliatory taxes and fees liability		
		First Installment	Second Installment
4.	Retaliatory taxes and fees paid by declaration		
5.	Adjustments (attach adjustments)		
6.	Total lines C-4 and C-5		
7.	Net retaliatory taxes and fees due (subtract line C-6 from line C-3 and enter here and on line D, page 1)		\$

**IF THERE IS A NEGATIVE TAX LIABILITY REPORTED IN
THE SUMMARY OF NET TAX DUE (PAGE 1), CHECK THE APPROPRIATE BOX**

Apply to 2000 estimated insurance premiums tax (attach installment(s)) (Form 74A110).

First installment (due June 1) \$ _____

Second Installment (due October 2) \$ _____

Refund \$ _____

INSTRUCTIONS

Foreign Life Insurance Companies

1. Complete Sections I and IV of insurance premiums tax return.
2. Attach copies of the following schedules and exhibits from Annual Statement filed with the Kentucky Commissioner of Insurance.
 - a. Summary of Operations
 - b. Schedule T—Premiums and Annuity Considerations Allocated by States and Territories
 - c. Schedule of Business in the State of Kentucky

Other Than Life Insurance Companies

1. Complete Sections II through IV, when applicable, of insurance premiums tax return. Mark nonapplicable sections, "Not Applicable."
2. Attach copies of the following schedules and exhibits from Annual Statement filed with the Kentucky Commissioner of Insurance.
 - a. Exhibit of Premiums and Losses, Business in Commonwealth of Kentucky During the Year (Except Title Insurers)
 - b. Schedule T, Part I—Exhibit of Premiums Written
 - c. Operations and Investment Exhibit Statement of Income (Title Insurers Only)

All Companies

1. Complete applicable parts of Summary of Net Tax Due. The total of this section of the return shall equal the amount of your remittance to assure proper credit. Overpayments of one tax resulting from declaration payments may be credited against a liability due on another tax. To apply an overpayment, an insurer must include the overpayment with the declaration payments of one of the other tax liabilities, indicating the source. **Negative amounts shall appear as adjustments in each applicable section.** Net tax liability amounts are to be carried forward and recorded in Summary of Net Tax Due on page 1.
2. Life and Health Guaranty Fund assessments, class B and class C, may be used to offset your insurance premium tax liability to the extent of 20 percent per year for each of the five years following the year of the payment, KRS 304.42-090 and KRS 304.42-130. Life and Health Guaranty Fund refunds, class B and class C, are to be used against your Life and Health Guaranty Fund credit to the extent of 20 percent per year for each of the five years following the year of payment. Complete the Life and Health Guaranty Fund Assessment Schedule on page 2. Life and Health Guaranty Fund Assessment credits shall not exceed net tax liability (Section I, line H; Section II, line J). If so, enter a zero for the net tax liability (Section I, line H; Section II, line J). No excess amounts of Life and Health Guaranty Fund Assessment credits shall be carried forward to the following year. No refunds shall be given for credits created by Guaranty Fund Assessment credits.
3. All schedules, exhibits and itemized accounts required as supplements to this return shall be attached to, and shall become an integral part of, this return.
4. *All regulatory fees such as the annual statement filing fee, certificate of authority renewal fee, agent's license fee, etc., which are levied under Kentucky Revised Statute 304.4-010, are collected by the Kentucky Department of Insurance. Your remittance of these fees shall not be included with the payment of taxes or the amount due under the retaliatory provision, but shall be made separately to the Department of Insurance, P.O. Box 517, Frankfort, Kentucky 40602-0517.*
5. Supplements are a part of your Annual Statement. Legible reproductions are acceptable.
6. For additional information, contact the Revenue Cabinet at (502) 564-5440.

MAKE CHECK PAYABLE TO KENTUCKY STATE TREASURER

MAIL TO:	KENTUCKY REVENUE CABINET
<i>Mailing Address:</i>	P.O. Box 1303, Frankfort, KY 40602-1303
<i>Overnight Address:</i>	1266 Louisville Road, Frankfort, KY 40601