

**LIFE INSURANCE PROCEEDS SUMMARY REPORT**

*This report must be filed by February 15.*

Name and Address of Reporting Company	As of January 1, 20_____	<i>Leave Blank</i>
	FEIN _____	

**Proceeds Subject to Withdrawal**

Number of Kentucky residents entitled to proceeds ..... \_\_\_\_\_  
 Total deposits of Kentucky residents subject to withdrawal ..... \$ \_\_\_\_\_

**Future Lump Sum Payments**

Number of residents entitled to proceeds ..... \_\_\_\_\_  
 Total deposits of Kentucky residents subject to future lump sum payments ..... \$ \_\_\_\_\_

**Rights to Receive Income**

*Life:*

Number of residents receiving payments ..... \_\_\_\_\_  
 Total amount due Kentucky residents annually ..... \$ \_\_\_\_\_

*Term:*

Number of residents receiving payments ..... \_\_\_\_\_  
 Total amount due Kentucky residents annually ..... \$ \_\_\_\_\_

Pursuant to KRS 132.216, every life insurance company organized under the laws of this state or doing business in this state should complete Revenue Forms 62A311 and 62A311-S1 by February 15 of each year. These reports should list all Kentucky residents with money on deposit subject to right of withdrawal and future lump sum payments as of the previous January 1. The reports should also include Kentucky residents who are the beneficiary of a policy subject to taxation as a right to receive income.

I declare, under the penalties of perjury, that this return (including any accompanying schedules and statements) is correct and complete.

_____ Signature of Taxpayer	_____ Name of Preparer Other Than Taxpayer
 _____ Telephone Number of Taxpayer	_____ Date

*Go to [www.revenue.ky.gov](http://www.revenue.ky.gov) to download forms.*

*Questions should be addressed to Office of Property Valuation, Frankfort, Kentucky 40620.*