

**Domestic Mutual, Domestic Mutual Fire  
or Cooperative and Assessment  
Fire Insurance Companies**



FOR CALENDAR YEAR 20\_\_

**INSURANCE PREMIUMS TAX RETURN**

<b>FOR OFFICIAL USE ONLY</b>			
3	2	2	0
Tax	Year	Pmt. Code	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 \_\_\_\_\_

**SECTION I—REPORT OF PREMIUMS PAID TO UNAUTHORIZED REINSURANCE COMPANIES**

Name of Unauthorized Reinsurance Company	Address	Amounts of Premiums Paid
		\$

Total Premiums Paid to Unauthorized Reinsurance Companies ..... \$

Tax Liability—2% of Total Unauthorized Premiums ..... \$  .

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

	<b>KENTUCKY DEPARTMENT OF REVENUE</b>	P.O. Box 1303, Frankfort, KY 40602-1303
<input type="checkbox"/> Mailing Address:		501 High Street, Frankfort, KY 40601-2103
<input type="checkbox"/> Overnight Address:		

I, the undersigned, declare under the penalties of perjury, that I have examined these returns, including all accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete.

\_\_\_\_\_  
Signature of President or Chief Accounting Officer

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**REPORT PREPARER'S INFORMATION**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

( ) \_\_\_\_\_

\_\_\_\_\_  
Telephone Number

**SECTION II—REPORT OF PREMIUMS PAID TO AUTHORIZED REINSURANCE COMPANIES**

Name of Authorized Reinsurance Company	Address	Amounts of Premiums Paid
		\$
Total Premiums Paid to Authorized Reinsurance Companies During Calendar Year 20__ .....		\$

**INSTRUCTIONS**

- This return must be filed by every Domestic Mutual, Domestic Mutual Fire or Cooperative and Assessment Fire Insurance Company pursuant to KRS 299.530 and KRS 304.4-030.
- Complete Section I by listing the name, address and amounts of premiums paid to each *unauthorized* reinsurance company during the preceding calendar year.
- Compute your tax liability by multiplying Total Premiums in Section I by 2 percent (.02).
- Complete Section II to report premiums paid to *authorized* reinsurance companies during the preceding calendar year.
- File this return on or before March 1.

 For additional information, contact the Financial Tax Section at (502) 564-4810.