

**UNAUTHORIZED  
INSURANCE TAX RETURN**

FOR DEPARTMENT USE ONLY			
3	2	2	0
Tax		Year	Pmt. Code
		1	*
			Tr.

FOR CALENDAR YEAR 20\_\_



Company Name	Telephone	NAIC Company Code
Home Office Address <i>Number and Street</i>	FEIN	
Mailing Address <i>Post Office Box</i>	Date of Organization	
City	State	Location of the Company's Books

**INSTRUCTIONS:** • This return must be completed and filed by every insurer not authorized to conduct business in the Commonwealth of Kentucky by the Kentucky Department of Insurance pursuant to KRS 304.11-050. • Report gross premium receipts for life insurance premiums, accident and health premiums, other insurance premiums, membership fees, dues, dividends applied for premiums and other considerations received during the preceding calendar year. • Remit premium tax of 2 percent of total taxable premiums. • Return must be filed annually on or before March 1. • Make checks payable to Kentucky State Treasurer. • Mail return and remittance to Department of Revenue, Frankfort, Kentucky 40619. • For additional information, call (502) 564-4810.

	Life, Health and Accident Insurance	All Other Insurance
1. Gross premium receipts for preceding year .....		
2. Dividends applied for premiums and additions .....		
3. Membership fees, assessments, dues and other considerations recieved for insurance .....		
4. Total taxable premiums (add lines 1, 2 and 3) .....		
5. Premium tax on unauthorized insurer (2 % of line 4) .....	(01)	(02)

The undersigned present (or other principal officer) and 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.

_____ President or Other Principal Officer	_____ Title	_____ Date
_____ Chief Accounting Officer	_____ Title	_____ Date