

**INSURANCE PREMIUMS
TAX RETURN**

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



CAPTIVE INSURER

For Calendar Year 20__

FEIN _____

NAIC/
TAX ID

Company Name _____

Home Office Address (Number and Street) _____

Mailing Address (Post Office Box) _____

Telephone Number _____

City _____

State _____

ZIP Code _____

TAX DUE—CAPTIVE INSURANCE TAX (Kentucky Revised Statutes 304.49–220)

A. Insurance Premiums		
1. Total premium receipts		
2. Returned premiums		
3. Net premium receipts (subtract line 2 from line 1)		
Computation of Tax		
A. .4% on the first \$20 million of premium receipts		
B. .3% on the next \$20 million of premium receipts		
C. .2% on the next \$20 million of premium receipts		
D. .075% on each dollar of premium receipts thereafter		
E. Total tax on premium receipts		(A)
B. Assumed Reinsurance Premium Receipts		
No reinsurance premium tax shall be payable in connection with the receipt of assets in exchange for the assumption of loss reserves and other liabilities of another insurer under common ownership and control if the transaction is part of a plan to discontinue the operations of the other insurer, and if the intent of the parties to the transaction is to renew or maintain the business with the captive insurer.		
Computation of Tax		
A. .225% on the first \$20 million of assumed reinsurance premium receipts		
B. .150% on the next \$20 million of assumed reinsurance premium receipts		
C. .050% on the next \$20 million of assumed reinsurance premium receipts		
D. .025% on each dollar of assumed reinsurance premium receipts thereafter ..		
E. Total tax on assumed reinsurance premium receipts		(B)
C. Total Net Tax Liability Due, add lines A and B (minimum \$5,000 due)		\$ _____

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
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REPORT PREPARER'S INFORMATION

Signature	Title	Date
Print Name	Telephone Number	

INSTRUCTIONS**Domestic and Foreign Captive Insurance Companies**

1. Complete Section A and B of insurance premiums tax return.
2. Attach copies of schedules and exhibits from Annual Statement filed with the Kentucky Commissioner of Insurance.
3. File this return on or before March 1.

All Companies

1. 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.
2. Supplements are a part of your Annual Statement. Legible reproductions are acceptable.
3. For additional information, contact the Financial Tax Section at (502) 564-4810.

MAKE CHECK PAYABLE TO KENTUCKY STATE TREASURER

MAIL TO: KENTUCKY DEPARTMENT OF REVENUE



Mailing Address: P.O. Box 1303, Frankfort, KY 40602-1303

Overnight Address: 501 High Street, Frankfort, KY 40601-2103