

**MONTHLY INSURANCE
SURCHARGE REPORT**



Annual Filer
For Calendar Year 2010
Return Due January 20, 2011

FOR OFFICIAL USE ONLY -- STA. 61		
<u>4 5</u>	/	<u>1 2</u>
Tax	Mo.	Yr.
Account Number _____		

Check Here if Amended Return Check Here if Surplus Lines

See reverse for information or call the Department of Revenue, (502) 564-4810.

Name and Address _____	NAIC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FEIN _____ - _____
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	A. Before April 1	B. On or After April 1												
1. Total premiums, assessments and other charges <i>collected</i> on risk located in Kentucky (exclude municipal taxes).....	\$ _____	\$ _____												
2. Less amounts not subject to surcharge:														
A. Premiums returned to policyholders on terminated policies	\$ _____	\$ _____												
B. Premiums collected for:														
Accident and health insurance	\$ _____	\$ _____												
Federal insured crop insurance	\$ _____	\$ _____												
Federal insured flood insurance	\$ _____	\$ _____												
Reinsurance	\$ _____	\$ _____												
Title insurance	\$ _____	\$ _____												
Workers compensation	\$ _____	\$ _____												
C. Premiums collected from:														
Federal government	\$ _____	\$ _____												
Resident nonprofit educational and charitable institutions (501(c)(3)status)	\$ _____	\$ _____												
Resident nonprofit religious institutions for real, tangible and intangible property coverage only	\$ _____	\$ _____												
State and local government for real property coverage only	\$ _____	\$ _____												
D. Total amount not subject to surcharge	\$ _____	\$ _____												
3. Amount subject to surcharge (line 1 minus line 2D)	\$ _____	\$ _____												
4A. Surcharge due before April 1 (line 3A times .015)	\$ _____	\$ _____												
4B. Surcharge due on or after April 1 (line 3B times .018)	\$ _____	\$ _____												
5. Total surcharge due (add the amount in 4A and 4B)	\$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>													
6. Penalty (see reverse)	\$ _____													
7. Interest (see reverse)	\$ _____													
8. Amount due (add lines 5, 6 and 7)	\$ _____													
9. Adjustments (attach supporting documentation)	\$ _____													
10. Total amount due (line 8 plus or minus line 9)	\$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>													

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

Kentucky Department of Revenue
 Mailing Address: P.O. Box 1303, Frankfort, KY 40602-1303
 Overnight Address: 501 High Street, Frankfort, KY 40601-2103

I, the undersigned, a principal officer of the above-named company, certify that I have examined this report and it is, to the best of my knowledge and belief, a true, correct and complete report.

Principal Officer's Information	Preparer's Information
Signature _____	Signature _____
Print Name _____	Print Name _____
Title _____	Title _____
Telephone Number _____	Telephone Number _____
Date _____	Date _____

GENERAL INFORMATION

KRS 136.392 requires that every domestic, foreign and alien insurer, other than life and health insurers, which is subject to or exempted from Kentucky insurance premiums taxes as levied pursuant to the provisions of either KRS 136.350, 136.370 or 136.390, shall charge and collect a surcharge at the current rate upon each \$100 of premium, assessments or other charges, except for whether the charges are designated as premiums, assessments or otherwise.

The insurance premium surcharge shall be collected by the insurer from its policyholders at the same time and in the same manner that its premium or other charge for the insurance coverage is collected. When claiming a deduction for premiums returned to a policyholder, the surcharge must also be returned to the policyholder.

No insurer or its agent shall be entitled to any portion of any premium surcharge as a fee or commission for its collection.

On or before the 20th day of each month, each insurer shall report and remit to the Department of Revenue, on the required forms, all premium surcharge monies collected during the preceding monthly accounting period less any monies returned to policyholders on policies terminated by either the insured or the insurer. Insurers with an annual liability of less than \$1,000 for each of the previous two calendar years may report and remit to the Department of Revenue all premium surcharge monies collected on a calendar year basis on or before the 20th day of January of the following year.

The penalty for **failure to file an insurance premium surcharge report by the due date** is 2 percent of the surcharge due for each 30 days or fraction thereof that the report is late (maximum 20 percent). The minimum penalty is \$10. (KRS 131.180 (1))

The penalty for **failure to pay the insurance premium surcharge by the due date** is 2 percent of the surcharge due for each 30 days or fraction thereof that the payment is overdue (maximum 20 percent). The minimum penalty is \$10. (KRS 131.180 (2))

Interest at the “tax increase rate” is applied to all insurance premium surcharge liabilities not paid by the original due date of the report. The computation period is from the original due date of the report to the date of payment. (KRS 131.183 (1))

Report on line 1 only those premiums that have been collected.

Types of Insurance Premiums Exempt from the Insurance Premium Surcharge

- Premiums received for health and accident insurance
- Premiums received for reinsurance
- Premiums received for title insurance
- Premiums received for workers’ compensation insurance
- Premiums received by life and health insurers
- Premiums received for federal insured crop insurance
- Premiums received for federal insured flood insurance

Types of Policyholders Exempt from the Insurance Premium Surcharge

- Federal government
- Resident, nonprofit educational and charitable institutions which have qualified for exemption from income taxation under Section 501 (c) (3) of the Internal Revenue Code

Types of Policyholders *Partially Exempt* from the Insurance Premium Surcharge

- The Commonwealth of Kentucky or any of its agencies, and any city, county, political subdivision or local government body of the Commonwealth are only exempt from the surcharge on premiums collected for coverage of real property. Premiums for surety and liability coverage **are subject** to the surcharge.
- Resident, nonprofit religious institutions are exempt from the surcharge on premiums collected for real, tangible and intangible property coverage only. Premiums for surety, liability and other coverage are subject to the surcharge.

Premiums collected for surety and bonds on public works projects are subject to the surcharge if the contractor is the policyholder. The fact that a governmental entity may be the obligee has no bearing on the application of the surcharge.