74A101 (1-14) Commonwealth of Kentucky DEPARTMENT OF REVENUE	or Cooperative an	estic Mutual, Domestic Mutual Fire or Cooperative and Assessment Fire Insurance Companies			FOR OFFICIAL USE ONLY $\frac{3}{Tax} \frac{2}{2} / \frac{2}{2} \frac{0}{Year} / \frac{0}{Pmt} \frac{0}{Pmt} \frac{1}{2} \frac{1}{2} \frac{1}{2}$									
Kentucky	FOR CALENDAR	FOR CALENDAR YEAR 20		Tax Year Pmt. Code Tr. Account Number										
I	INSURANCE PREMIL	JMS TAX RETURN		Accoun		oer								
FEIN	_	NAIC/ Tax ie												
Company Name														
Home Office Address (Number and Str	reet)													
Mailing Address (Post Office Box)						Telep	hone N	umber						
City		State					ZI	P Cod	e					
SECTION I—REPORT OF I	PREMIUMS PAID TO UNA	AUTHORIZED REINSU	RANCE	COMI	PANI	ES								
Name of Unauthorize Reinsurance Compan		Address			Amounts of Premiums Paid									
1					9	\$								
Total Premiums Paid to Unauthorized Reinsurance Companies														
Tax Liability—2% of Total Unauthorized Premiums									٦	Г				
	Make check payable to Ke			\$ eturn v	with	payn	nent to	D:		• L				
	■ Mailing Address: Overnight Address:	KENTUCKY DEPAR' P.O. Box 1303, Frankfo 501 High Street, Frankf	ort, KY 40	602-13	303	NUE								
I, the undersigned, declare under ments, and to the best of my kn				luding	all ac	ccom	panyir	ng sch	nec	lules	and	l sta	ite-	
Signature of President or Chief Accounting Officer Print Name]	Date			_	
	REPORT P	REPARER'S INFORMA	TION						_				_	
Signat		Title	le Date											
Print Name	()	Telephone Number				E-r	nail Ad	dress					—	

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 Co	ompanies During Calendar Year 20	. s					

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.
- Attach copy of Exhibit of Premiums and Losses, Business in Commonwealth of Kentucky During the Year.
- File this return on or before March 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.
- Supplements are a part of your Annual Statement. Legible reproductions are acceptable.

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