

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.
- 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.