



**INSTRUCTIONS****Domestic and Foreign Captive Insurance Companies**

1. Complete Section A and B of insurance premiums tax return.
2. Attach a copy of the Captive 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