

**Domestic Mutual, Domestic Mutual Fire
or Cooperative and Assessment
Fire Insurance Companies**



FOR CALENDAR YEAR 20__

INSURANCE PREMIUMS TAX RETURN

FOR OFFICIAL USE ONLY			
Tax	3 2 / 2 0	Year	/ 0 0 1 / 2 Tr.
Account Number _____			

FEIN _____

NAIC/
TAX ID

Company Name _____

Home Office Address (Number and Street) _____

Mailing Address (Post Office Box) _____


Telephone Number _____

City _____ State _____ ZIP Code _____

SECTION I—REPORT OF PREMIUMS PAID TO UNAUTHORIZED REINSURANCE COMPANIES

Name of Unauthorized Reinsurance Company	Address	Amounts of Premiums Paid
		\$
Total Premiums Paid to Unauthorized Reinsurance Companies		\$
Tax Liability—2% of Total Unauthorized Premiums		\$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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

 **Mailing Address:** KENTUCKY DEPARTMENT OF REVENUE
P.O. Box 1303, Frankfort, KY 40602-1303
Overnight Address: 501 High Street, Frankfort, KY 40601-2103

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 _____

REPORT PREPARER'S INFORMATION

Signature _____ Title _____ Date _____
Print Name _____ Telephone Number _____ E-mail Address _____

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.