### TAX DUE—CAPTIVE INSURANCE TAX (Kentucky Revised Statutes 304.49–220)

Attach a copy of the Captive Annual Statement filed with the Kentucky Commissioner of Insurance.

<table>
<thead>
<tr>
<th>A. Insurance Premiums</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total premium receipts</td>
<td></td>
</tr>
<tr>
<td>2. Returned premiums</td>
<td></td>
</tr>
<tr>
<td>3. Net premium receipts (subtract line 2 from line 1)</td>
<td></td>
</tr>
<tr>
<td>Computation of Tax</td>
<td></td>
</tr>
<tr>
<td>A. .4% on the first $20 million of premium receipts</td>
<td></td>
</tr>
<tr>
<td>B. .3% on the next $20 million of premium receipts</td>
<td></td>
</tr>
<tr>
<td>C. .2% on the next $20 million of premium receipts</td>
<td></td>
</tr>
<tr>
<td>D. .075% on each dollar of premium receipts thereafter</td>
<td></td>
</tr>
<tr>
<td>E. Total tax on premium receipts</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Assumed Reinsurance Premium Receipts</th>
<th>(A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computation of Tax</td>
<td></td>
</tr>
<tr>
<td>A. .225% on the first $20 million of assumed reinsurance premium receipts</td>
<td></td>
</tr>
<tr>
<td>B. .150% on the next $20 million of assumed reinsurance premium receipts</td>
<td></td>
</tr>
<tr>
<td>C. .050% on the next $20 million of assumed reinsurance premium receipts</td>
<td></td>
</tr>
<tr>
<td>D. .025% on each dollar of assumed reinsurance premium receipts thereafter</td>
<td></td>
</tr>
<tr>
<td>E. Total tax on assumed reinsurance premium receipts</td>
<td></td>
</tr>
</tbody>
</table>

| C. Total Net Tax Liability Due, add lines A and B (minimum $5,000 due) | $ |

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.

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**Report Preparer’s Information**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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**Company Information**

- **Home Office Address**
- **Mailing Address**
- **City**
- **State**
- **ZIP Code**
- **Telephone Number**
- **E-mail Address**
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