

UNAUTHORIZED
INSURANCE TAX RETURN

FOR DEPARTMENT USE ONLY		
3 2 / 2 0	/ *	
Tax	Year	Tr.

FOR CALENDAR YEAR 20__



Company Name		FEIN	NAIC Company Code
Home Office Address	Number and Street	State of Organization	
Mailing Address	Post Office Box	Date of Organization	
City	State	Zip Code	Location of the Company's Books

INSTRUCTIONS: • This return must be completed and filed by every insurer not authorized to conduct business in the Commonwealth of Kentucky by the Kentucky Department of Insurance pursuant to KRS 304.11-050. • Report gross premium receipts for life insurance premiums, accident and health premiums, other insurance premiums, membership fees, dues, dividends applied for premiums and other considerations received during the preceding calendar year. • Remit premium tax of 2 percent of total taxable premiums. • Return must be filed annually on or before March 1. • **Make checks payable to Kentucky State Treasurer.** • Mail return and remittance to Kentucky Department of Revenue, P. O. Box 1303, Frankfort, Kentucky 40602-1303 or 501 High Street, Frankfort, Kentucky 40601-2103. When paying online send return and "Payment Schedule Confirmation" page to one of the preceding addresses • For additional information, call (502) 564-4810.

	Life, Health and Accident Insurance	All Other Insurance
1. Gross premium receipts for preceding year		
2. Dividends applied for premiums and additions		
3. Membership fees, assessments, dues and other considerations recieved for insurance		
4. Total taxable premiums (add lines 1, 2 and 3)		
5. Premium tax on unauthorized insurer (2 % of line 4).....	(01)	(02)

Paid online. Confirmation No. _____
Attach "Payment Schedule Confirmation" page

The undersigned present (or other principal officer) and chief accounting officer of the company jointly and severally certify that this return has been examined by them and is, to the best of their knowledge and belief, a true, correct and complete return, made in good faith, for the taxable period.

Signature of President or Other Principal Officer	Print Name	Date
Signature of Chief Accounting Officer	Print Name	Date
Title	Telephone Number	E-mail Address