



MONTHLY INSURANCE SURCHARGE REPORT

For Periods Beginning
4/1/2010 and After

FOR OFFICIAL USE ONLY -- STA. 61

4 5 / ____ / ____
Tax Mo. Yr.

Account Number _____

See reverse for information or call the
Department of Revenue, (502) 564-4810.

Name and Address **(Required)**

- ☐ Amended Return
☐ Surplus Lines

Report for Month of

____ / **20** ____
Mo.

NAIC

FEIN

____ - ____

1. Total premiums, assessments, and other charges

a Total premiums (including those premiums not subject to surcharge deducted on Lines 2b and 2c), assessments and other charges collected on risk located in Kentucky (exclude municipal taxes and finance and service charges).....

1a

b Finance and service charges.....

1b

c Total (add lines 1a and 1b).....

1c

2. Less amounts not subject to surcharge:

a. Premiums returned to policyholders on terminated policies (on policies with payments received after 3/31/10).....

2a

b. Premiums collected for:

1 Accident and health insurance

b1

2 Federal insured crop insurance

b2

3 Federal insured flood insurance

b3

4 Reinsurance

b4

5 Title insurance

b5

6 Workers compensation

b6

Total premiums collected for (add lines b1 through b6).....

2b

c. Premiums collected from:

1 Federal government

c1

2 Resident nonprofit educational and charitable institutions (501(c)(3)status)

c2

3 Resident nonprofit religious institutions for real, tangible and intangible property coverage only

c3

4 State and local government for real property coverage only

c4

Total premiums collected from (add lines c1 through c4)

2c

d. Total amount not subject to surcharge (add lines 2a, 2b, and 2c)

2d

3. Amount subject to surcharge (line 1c minus line 2d)

3

4. Surcharge due at current rate (line 3 times .018)

4

5. Penalty (see reverse)

5

6. Interest (see reverse)

6

7. Amount due (add lines 4, 5 and 6)

7

8. Adjustments (attach supporting documentation)

8

9. Total amount due (line 7 plus or minus line 8)

9

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

I, the undersigned, a principal officer of the above-named company, certify that I have examined this report and it is, to the best of my knowledge and belief, a true, correct and complete report.

Principal Officer's Signature _____

Printed name _____

Email Address _____

Title _____

Date _____

Telephone number _____

Preparer's Signature _____

Printed name _____

Email Address _____

Title _____

Date _____

Telephone number _____

GENERAL INFORMATION

KRS 136.392 requires that every domestic, foreign and alien insurer, other than life and health insurers, which is subject to or exempted from Kentucky insurance premiums taxes as levied pursuant to the provisions of either KRS 136.350, 136.370 or 136.390, shall charge and collect a surcharge at the current rate upon each \$100 of premium, assessments or other charges, except for whether the charges are designated as premiums, assessments or otherwise.

Every insurer is required to file for each period, whether filing monthly or annually, even if no premiums were collected.

The insurance premium surcharge shall be collected by the insurer from its policyholders at the same time and in the same manner that its premium or other charge for the insurance coverage is collected. When claiming a deduction for premiums returned to a policyholder, the surcharge must also be returned to the policyholder.

No insurer or its agent shall be entitled to any portion of any premium surcharge as a fee or commission for its collection.

On or before the 20th day of each month, each insurer shall report and remit to the Department of Revenue, on the required forms, all premium surcharge monies collected during the preceding monthly accounting period less any monies returned to policyholders on policies terminated by either the insured or the insurer. Insurers with an annual liability of less than \$1,000 for each of the previous two calendar years may report and remit to the Department of Revenue all premium surcharge monies collected on a calendar year basis on or before the 20th day of January of the following year.

Account Number For Surplus Lines

- **Multi-Brokers**—File under agency name and their FEIN number.
- **Single Broker**—File under agency name and their FEIN number. If no FEIN number, use your Department of Insurance (DOI) number.

The penalty for **failure to file an insurance premium surcharge report by the due date** is 2 percent of the surcharge due for each 30 days or fraction thereof that the report is late (maximum 20 percent). The minimum penalty is \$10. (KRS 131.180 (1))

The penalty for **failure to pay the insurance premium surcharge by the due date** is 2 percent of the surcharge

due for each 30 days or fraction thereof that the payment is overdue (maximum 20 percent). The minimum penalty is \$10. (KRS 131.180 (2))

Interest at the “tax increase rate” is applied to all insurance premium surcharge liabilities not paid by the original due date of the report. The computation period is from the original due date of the report to the date of payment. (KRS 131.183 (1))

Report on line 1A only those premiums that have been collected.

Reminder: Report on line 1B the finance and service charges.

NOTE: Refunds or credits can only be taken on premiums returned to policy holders on terminated policies, not on exempt premiums such as worker’s compensation insurance. Refund requests must be made in writing.

Types of Policyholders Exempt or Partially Exempt from the Insurance Premium Surcharge pursuant to KRS 136.392(5):

- The federal government;
- Resident educational and charitable institutions qualifying under Section 501(c)(3) of the Internal Revenue Code;
- Resident nonprofit religious institutions for real, tangible, and intangible property coverage only;
- State government for coverage of real property; or
- Local governments for coverage of real property.

Also, Exempt from the Insurance Premium Surcharge:

- Premiums received by life and health insurers pursuant to KRS 136.392(1);
- Municipal premium taxes pursuant to KRS 136.392(1);
- Premiums received for accident and health insurance;
- Premiums received for federal insured crop insurance;
- Premiums received for federal insured flood insurance;
- Premiums received for reinsurance;
- Premiums received for title insurance; or
- Premiums received for workers’ compensation insurance.

Premiums collected for surety and bonds on public works projects are subject to the surcharge if the contractor is the policyholder. The fact that a governmental entity may be the obligee has no bearing on the application of the surcharge.

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



Mailing Address:

Overnight Address:

Kentucky Department of Revenue

P.O. Box 1303, Frankfort, KY 40602-1303

501 High Street, Frankfort, KY 40601-2103

When paying online send report and “Payment Schedule Confirmation” page to one of the addresses above
