

PUBLIC PROTECTION CABINET
DEPARTMENT OF INSURANCE
P. O. BOX 517
FRANKFORT, KY 40602-0517
800-595-6053 or 502-564-6082
<http://insurance.ky.gov/>

CHECK REMITTANCE FORM

CAPTIVE DOMESTIC INSURERS

Please Check Company Type

Captive: _____ Captive Risk Retention Group: _____

**ONE CHECK REMITTANCE FORM MUST BE COMPLETED IN FULL FOR EACH COMPANY
IN ORDER TO BE ACCURATELY CREDITED FOR PAYMENT.
DO NOT COMPLETE ONE FOR MULTIPLE COMPANIES OR BY GROUPS.**

DUE - MARCH 1

COMPANY NAME _____

CONTACT PERSON _____ TELEPHONE NUMBER _____

ADDRESS _____

IRS NUMBER _____ NAIC NUMBER _____

GROUP NUMBER _____

CHECK NUMBER _____ CHECK DATE _____

CAPTIVE:

CAPTIVE RISK RETENTION GROUPS:
Are also required to pay quarterly filing fees

Annual Statement Filing Fee - \$100.00
Certificate of Authority Renewal - \$100.00
Audited Financial Statement - \$100.00

1st Quarter Filing - \$100.00
2nd Quarter Filing - \$100.00
3rd Quarter Filing - \$100.00

TOTAL DUE: \$300.00

TOTAL DUE: \$600.00

Checks must be made payable to the Kentucky State Treasurer and mailed to the attention of Financial Standards and Examination Division, Kentucky Department of Insurance, P.O. Box 517, Frankfort, KY 40602-0517. Overnight mail may be sent to 215 West Main Street, Frankfort, KY 40601.