

**Commonwealth of Kentucky  
Office of Insurance  
CITY, COUNTY, OR URBAN COUNTY GOVERNMENT QUARTERLY INSURANCE PREMIUM TAX RETURN**

**Due 30 Days After Each  
Calendar Quarter**

For the Quarter:	Name of City, County or Urban-County Govt.:
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**FILER INFORMATION**

*Complete either the information for a direct writer or surplus lines broker depending upon the filer type.*

<b>Direct Writer</b>	<b>Surplus Lines Broker</b>
	If coverage was exported pursuant to KRS 304.10, please complete the following:
<b>Insurance Company Name:</b>	<b>Individual Broker Name:</b>
<b>Street Address:</b>	<b>Name of Broker Firm/Agency:</b>
<b>City, State, ZIP:</b>	<b>Street Address:</b>
<b>Phone:</b>	<b>City, State, ZIP:</b>
<b>FEIN:</b>	<b>Phone:</b>
<b>NAIC No:</b>	<b>Office of Insurance License ID No:</b>

**Person responsible for preparing return:**

<b>Name:</b>	<b>Phone:</b>
<b>Title:</b>	<b>E-mail Address:</b>
<b>Street Address:</b>	
<b>City, State, ZIP:</b>	

Line Of Insurance	(1) Established Tax Rate %	(2) Premiums Collected	(3) Tax Payable [(1) x(2)]	(4) Collection Fee	(5) Amount Collected From Policyholders
Casualty					
Fire & Allied Perils					
Health					
Inland Marine					
Life					
Motor Vehicle					
All Other Risks					
Credits (Form LGT 142)					
<b>Total</b>					

**Carrier Listing for Exported Coverage**

If reporting as a surplus lines broker pursuant to KRS 304.10, please list the carriers that supplied the coverage for which the premiums and taxes are being reported.\*

<b>Carrier Name</b>	<b>NAIC No.</b>	<b>Quarterly Premium Collected</b>	<b>Municipal Taxes Collected</b>	<b>Carrier Name</b>	<b>NAIC No.</b>	<b>Quarterly Premium Collected</b>	<b>Municipal Taxes Collected</b>

\*If additional space is needed to list exported carriers, please list the carrier name, NAIC number, and the amount of quarterly premium collected on a separate sheet of paper and submit the information with the completed Form LGT 141.

**Certification**

*I hereby certify that the information provided is an accurate statement of the premiums collected.*

\_\_\_\_\_  
**(Signature of Person Responsible For Preparing This Return)**

\_\_\_\_\_  
**(Date)**

**NOTE: See Filing Instructions**