

Commonwealth of Kentucky
Department of Insurance
P.O. Box 517
215 West Main Street
Frankfort, KY 40602
502-564-6082 - FAX 502-564-4604



CHECK REMITTANCE FORM FOR FOREIGN COMPANIES

Please Check (✓) Box by the Company Type Preferred:

Other Approved Reinsurers:

Surplus Lines:

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 DATE: MARCH 1**

COMPANY NAME _____

CONTACT PERSON _____ PHONE NUMBER _____

ADDRESS _____

CITY, STATE, ZIP _____

IRS NUMBER _____

NAIC NUMBER _____

GROUP NUMBER _____

CHECK NUMBER _____ CHECK DATE _____

Annual Statement Filing Fee - \$100.00

TOTAL DUE: \$100.00

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