Commonwealth of Kentucky • Department of Insurance • 500 Mero Street P.O. Box 517 • Frankfort, KY 40602 Phone: 502-564-6082 • FAX 502-564-4604 **Kentucky Department Of Insurance** Workers' Compensation Group Security Deposit Held Under Safekeeping I have satisfied this requirement with a bank letter of credit. Attached SI-04 and letter of credit I have satisfied this requirement with a deposit. See calculation below. Check the correct box and provide the calculation. Calculate the greater of the premium or reserves, with a minimum of \$250,000. \$250,000 Premium 10% Deposit = Reserves 10% = Deposit needed = Name of Fund Name of Preparer Signature of Preparer **Date Prepared** Form 147 Updated 6/2020