

COMMONWEALTH OF KENTUCKY DEPARTMENT OF INSURANCE 215 WEST MAIN STREET/P.O. BOX 517 FRANKFORT, KENTUCKY 40602 502-564-6082 FAX 502-564-4604

## PREMIUM FINANCE CHECK REMITTANCE FORM

DUE DATE: MAY 1st ANNUAL LICENSE RENEWAL FEE -= \$100.00

Make check payable to <u>KENTUCKY STATE TREASURER</u> and mail to the attention of the Financial Standards & Examination Division. Please use the address provided above.

For proper identification, complete the following and return with your check.

COMPANY NAME

FEIN NUMBER

CHECK NUMBER

CHECK DATE

Form 504 Revised 12/07