

KENTUCKY DEPARTMENT OF INSURANCE

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

Current Schedule Of Insurer Fees, Taxes And Deposits

• SECTION 1 - FEES

FEES FOR ADMISSION – (Due at time of application)

	Foreign Insurers	Domestic Insurers
Original Certificate of Authority	\$ 500.00	\$ 500.00
Filing Charter Documents (Articles and Bylaws)	100.00	100.00
Filing Annual Statement	100.00	
	_____	_____
Total Admission Fees	\$ 700.00	\$ 600.00

ANNUAL RENEWAL FEES – (Due March 1)

	Foreign Insurers	Domestic Insurers
Filing Annual Statement	\$ 100.00	\$ 100.00
Renewal of Certificate of Authority	100.00	100.00
Audited Financial Statement	100.00	100.00
Quarterly Statements	N/A	300.00
	_____	_____
Total Renewal Fees	\$ 300.00	\$ 600.00

MISCELLANEOUS FILING FEES – (Due at time of filing)

Amended Certificate of Authority	\$ 50.00
Amended Articles of Incorporation	50.00
Amended Bylaws	50.00
Miscellaneous Filings	5.00

REMINDER:

Kentucky is a retaliatory state and all fees, premium taxes, deposits will be charged at the rate in Kentucky Law or the rate charged by the domiciliary state, whichever is higher.

CONTACT INFORMATION:

If you have any questions or need assistance, please contact the
Financial Standards and Examination Division at DOI.FinancialStandards&Examinations@ky.gov
or call Phone 502-564-6082 • Fax at 502-564-4604

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• SECTION 2 - TAXES

PREMIUM TAXES – (Due March 1)

Please refer to KRS 136.320 thru 410 for state premium taxes. All state premium taxes must be forwarded, by March 1, to the:

Kentucky Department of Revenue
P. O. Box 1303
Frankfort, KY 40602-1303
Phone: 502-564-4810

OR

Kentucky Department of Revenue
501 High St.
Frankfort, KY 40601
Phone: 502-564-4810

For municipal premium taxes, please refer to KRS 91A-080 and contact:

Kentucky Department of Insurance
Consumer Protection Division - Municipal Tax Section
P.O. Box 517
Frankfort, KY 40602-0517

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• SECTION 3 – DEPOSITS – (In place at time of Admission)

For Life & Health, Property & Casualty, Title (Both foreign and domestic)

A deposit in the state of domicile \$1,000,000
for the benefit of **all** policyholders

For Limited Health Service Organizations (Both foreign and domestic)

A deposit in Kentucky \$ 50,000

For Health Maintenance Organizations (Both foreign and domestic)

A deposit in Kentucky \$ 500,000

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• SECTION 4 – MINIMUM CAPITALIZATION REQUIRED FOR ADMISSION –
(In place at time of admission)

Life & Health, Health Maintenance Organization, Property & Casualty, Title

STOCK COMPANY-----

Paid Up Capital	\$1,000,000
Unimpaired Surplus	2,000,000

Total Surplus to policyholders Including capital stock	<u>\$3,000,000</u>
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MUTUAL COMPANY-----

Unimpaired Surplus	\$3,000,000
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Limited Health Service Organization

Net Worth	\$ 250,000
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