

**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.

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

Person responsible for preparing return:

Name:	Phone:
Title:	E-mail Address:
Street Address:	
City, State, ZIP:	

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)					
Total					

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.*

Carrier Name	NAIC No.	Quarterly Premium Collected	Municipal Taxes Collected	Carrier Name	NAIC No.	Quarterly Premium Collected	Municipal Taxes Collected

*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