Annual Reconciliation User Guide

(Company Log In) User Documentation

Kentucky Department of Insurance
January 2010
User Documentation
Version 1.0

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BEGINNING THE PROCESS

A few things to do before getting started:

- Decide if you want to send this data via FTP (A flat text file that can be transmitted to the DOI thru a FTP portal)
- Utilize the E-Services portal.

To submit the data via FTP:

- You'll need to notify the DOI of your intent. Also, you'll need to provide:
    - A test file to review for proper formatting
- You will need to follow the file format outlined in the Data Elements Guide, which is also inserted into this user documentation.

To create via E-Services:

- You'll need to set up an account
- Enter the data using the process outlined in this user documentation

Some other things to consider when using the E-Services portal:

- If using the E-Services portal, the session will 'timeout' after 20 minutes of inactivity.
- For Surplus Lines Brokers, make sure your data is grouped by Carrier (Unauthorized Insurer), for ease of entry. The process will ask you to select the Carrier, then all municipalities associated with that Carrier.
- Save/Print your invoice for documentation purposes. This will be the verification you have entered your data, and transmitted to the DOI.
- All amended reports will be filed by paper copy. All initial records shall be transmitted electronically.

FILING BY FTP

This section will explain the process to transmit the Annual Reconciliation Data to the DOI via FTP. You will first need to notify the DOI of your intent. To do so, submit an e-mail to the following e-mail address:

DOI.ISHelpDesk@ky.gov

Entitle:

Annual Reconciliation FTP Request

Or, you may call the DOI regarding this topic at 502-564-6154 X4359.

The DOI Help Desk will ask you to:

- Submit a test filing. We will attempt to load your test file in a beta environment to verify the file formatting. The formatting outline follows.
- Once complete, we will assign you a username and password to access the FTP service.

DEFINITIONS

(1) "Company Name" is equal to the name of the insurance company subject to local government premium tax as presented in the Annual Statement.
(2) "Broker" is a Surplus Lines Broker subject to local government premium tax.
(3) "NAIC Number" is the assigned number provided to the company by the National Association of Insurance Commissioners. (Alien Number is the assigned tax identification number of the writing alien carrier)
(4) "FEIN Number" is the Federal Tax Identification Number.
(5) "Year" is the year of the tax filing.
(6) "First/Middle/Last Name" should reflect the filing contact information.
(7) "Local Government Name" means the city/county/charter county/consolidated local government/urban-county government/unified local government to whom the tax was paid.
(8) "Municipal Code' means the number assigned to the taxing authority by the Local Government Premium Tax Division at the Department of Insurance within the Local Government Premium Tax Schedule distributed annually. (AKA City Code)
(9) "Ttl Annual Premium" (Total Annual Premium) the total amount as defined in Section I, Annual Totals, Column 2.
(10) " Ttl Ann Tax Pd (Casualty)" (Total Annual Tax Paid (Casualty)) the total amount as defined in Section I, Annual Totals, Casualty, Column 3.
(11) "Ttl Ann Tax Pd (Fire & All)" (Total Annual Tax Paid (Fire & Allied Perils)) the total amount as defined in Section I, Annual Totals, Fire and Allied Perils, Column 3.
(12) "Ttl Ann Tax Pd (Health)" (Total Annual Tax Paid (Health)) the total amount as defined in Section I, Annual Totals, Health, Column 3.
(13) "Ttl Ann Tax Pd (Inl Marine)" (Total Annual Tax Paid (Inland Marine)) the total amount as defined in Section I, Annual Totals, Inland Marine, Column 3.
(14) "Ttl Ann Tax Pd (Life)" (Total Annual Tax Paid (Life)) the total amount as defined in Section I, Annual Totals, Life, Column 3.
(15) "Ttl Ann Tax Pd (Mtr Vehicle)" (Total Annual Tax Paid (Motor Vehicle)) the total amount as defined in Section I, Annual Totals, Motor Vehicle, Column 3.
(16) "Ttl Ann Tax Pd (All Oth Risk)" (Total Annual Tax Paid (All Other Risks)) the total amount as defined in Section I, Annual Totals, All Other Risks), Column 3.
(17) "Total Annual Tax Paid" the total amount as defined in Section I, Annual Totals, Column 3.
(18) "Total Annual Interest Due" the total amount as defined in Section II, Computation of Additional Payment Due, Column 3.
(19) "Total Amount" means the total of (17) and (18) above.
(20) "DOI ID Number" means the six digit number assigned by the Department of Insurance to the insurance company or broker at licensure. This number can be found on the insurance company or broker Kentucky Insurance License.
(21) "Fil Off E-Mail Address" (Filing Officer/Filing Contact E-Mail Address) the e-mail address of the filer of the Annual Reconciliation.
(22) "Unauthorized insurer" is the insurance company to which insurance business has been exported through a broker.

DATA REQUIREMENTS

This section will document the data requirements concerning the file.

Format

Media Type: CD ROM or FTP

File Type: Character Delimited Text Format (^ Shift 6)

Required Fields-Company Data

There will be separate file requirements for Company Filers, and Surplus Lines Broker Filers.

Filer Identification Information/Company

This data should be submitted in **row one** of the file, not to be repeated, columns separated by a ^ (shift 6). A final ^ should close the last column before moving to the next row of data.

• Company Name	Alpha-Numeric	Maximum Length 100
• NAIC Number	Numeric	Maximum Length 5
• FEIN Number	Numeric (No dashes)	Maximum Length 9
• Year	Numeric	Maximum Length 4
• Last Name (Filing Officer)	Alpha-Numeric	Maximum Length 50
• First Name (Filing Officer)	Alpha-Numeric	Maximum Length 50
• Middle Name (Officer)	Alpha-Numeric	Maximum Length 50
• Address (Company)	Alpha-Numeric	Maximum Length 255
• City Name	Alpha-Numeric	Maximum Length 255
• State	Alpha-Numeric	Maximum Length 2
• Zip	Numeric	Maximum Length 9
• Phone # (Filing Officer)	Numeric (No dashes)	Maximum Length 15
• Fil Off E-Mail Address	Alpha-Numeric	Maximum Length 100

Tax Information/Company

This data should be submitted in **row two, then repeat for each taxing local government.** Columns should be separated by a ^ (shift 6). A final ^ should close the last column before moving to the next row of data.

• Local Government Name	Alpha-Numeric	Maximum Length 100
• Municipal Code	Numeric	Maximum Length 4
• Ttl Annual Premium	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Casualty)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Fire & All)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Health)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Inl Marine)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Life)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Mtr Vehicle)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (All Oth Risk)	Numeric (No commas)	Maximum Length 100
• Total Annual Tax Paid	Numeric (No commas)	Maximum Length 100
• Total Annual Interest Due	Numeric (No commas)	Maximum Length 100
• Total Amount	Numeric (No commas)	Maximum Length 100

Required Fields-Surplus Lines Broker Data

There will be separate file requirements for Company Filers, and Surplus Lines Broker Filers.

Filer Identification Information/Surplus Lines Broker

This data should be submitted in **row one** of the file, not to be repeated, columns separated by a ^ (shift 6). A final ^ should close the last column before moving to the next row of data.

• Broker Name	Alpha-Numeric	Maximum Length 100
• DOI ID Number	Numeric	Maximum Length 6
• FEIN Number	Numeric (No dashes)	Maximum Length 9
• Year	Numeric	Maximum Length 4
• Last Name (Filing Officer)	Alpha-Numeric	Maximum Length 50
• First Name (Filing Officer)	Alpha-Numeric	Maximum Length 50
• Middle Name (Officer)	Alpha-Numeric	Maximum Length 50
• Address (Company)	Alpha-Numeric	Maximum Length 255
• City Name	Alpha-Numeric	Maximum Length 255
• State Name	Alpha-Numeric	Maximum Length 2
• Zip	Numeric	Maximum Length 9
• Phone # (Filing Officer)	Numeric (No dashes)	Maximum Length 15
• Fil Off E-Mail Address	Alpha-Numeric	Maximum Length 100

Tax Information/Surplus Lines Broker

This data should be submitted in **row two, then repeat for each unauthorized insurer/taxing local government.** Columns should be separated by a ^ (shift 6). A final ^ should close the last column before moving to the next row of data.

• Unauthorized Insurer Name	Alpha-Numeric	Maximum Length 100
• NAIC Number/AlienNumber	Numeric	Maximum Length 5
• Local Government Name	Alpha-Numeric	Maximum Length 100
• Municipal Code	Numeric	Maximum Length 4
• Ttl Annual Premium	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Casualty)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Fire & All)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Health)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Inl Marine)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Life)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (Mtr Vehicle)	Numeric (No commas)	Maximum Length 100
• Ttl Ann Tax Pd (All Oth Risk)	Numeric (No commas)	Maximum Length 100
• Total Annual Tax Paid	Numeric (No commas)	Maximum Length 100
• Total Annual Interest Due	Numeric (No commas)	Maximum Length 100
• Total Amount	Numeric (No commas)	Maximum Length 100

Data Examples

Company Demographic Data

ABC Insurance Company^12345^610000000^2007^Doe^John^Q^123 Main Street^Frankfort^KY^40601^18005551212^jdoe@yahoo.com^

Company Taxing Data

Frankfort^0006^10000^200^100^0^0^0^500^0^800^0^800^

Or

Surplus Lines Broker Demographic Data

John R Producer^123456^610000000^2007^Doe^John^Q^123 Main Street^Frankfort^KY^40601^18005551212^jdoe@yahoo.com^

Surplus Lines Broker Taxing Data

ABC Surplus Lines Insurance Company^12345^ Frankfort^0006^10000^200^100^0^0^0^500^0^800^0^800^

Important- The file can accommodate a decimal and two fields for numbers that are not rounded. I.E. (200.50)

City Listing

Adairville	0121	**Cadiz**	0140
Albany	0122	**Calhoun**	0141
Alexandria	0123	**California**	0264
Allen	0237	**Calvert City**	0037
Anchorage	0124	**Cambridge**	0266
Arlington	0239	**Campbellsburg**	0142
Ashland	0003	**Campbellsville**	0011
Auburn	0125	**Campton**	0267
Audubon Park	0126	**Caneyville**	0268
Augusta	0030	**Carlisle**	0038
Bancroft	0240	**Carrollton**	0039
Barbourmeade	0242	**Catlettsburg**	0040
Barbourville	0031	**Cave City**	0143
Bardwell	0127	**Centertown**	0272
Barlow	0243	**Central City**	0041
Beattyville	0128	**Clarkson**	0276
Beaver Dam	0033	**Clay**	0144
Bedford	0244	**Clay City**	0145
Beechwood Village	0129	**Cloverport**	0147
Bellemeade	0247	**Cold Spring**	0148
Bellevue	0034	**Coldstream**	0447
Bellewood	0248	**Columbia**	0042
Benton	0035	**Corbin**	0012
Berea	0036	**Corinth**	0279
Berry	0249	**Corydon**	0150
Blue Ridge Manor	0251	**Covington**	0005
Bowling Green	0004	**Crab Orchard**	0280
Bradfordsville	0254	**Creekside**	0458
Brandenburg	0132	**Crescent Springs**	0151
Briarwood	0256	**Crestview**	0282
Brodhead	0259	**Crestwood**	0284
Broeck Pointe	0455	**Crittenden**	0285
Bromley	0133	**Crofton**	0153
Brooksville	0134	**Crossgate**	0286
Brownsboro Farm	0260	**Cumberland**	0043
Brownsville	0135	**Cynthiana**	0044
Burgin	0136	**Danville**	0013
Burkesville	0137	**Dawson Springs**	0045
Burnside	0138	**Dayton**	0046
Butler	0139	**Dixon**	0288

Douglass Hills	0047	**Glenview Manor**	0308
Dover	0289	**Goose Creek**	0310
Druid Hills	0290	**Goshen**	0451
Dry Ridge	0156	**Graymoor-Devondale**	0312
Earlington	0048	**Grayson**	0063
Eddyville	0157	**Green Spring**	0313
Edmonton	0158	**Greensburg**	0164
Ekron	0292	**Greenup**	0165
Elizabethtown	0050	**Greenville**	0064
Elkhorn City	0051	**Guthrie**	0166
Elkton	0052	**Hanson**	0314
Elsmere	0053	**Hardinsburg**	0168
Eminence	0054	**Harlan**	0065
Erlanger	0014	**Harrodsburg**	0066
Evarts	0159	**Hartford**	0169
Ewing	1002	**Hawesville**	0974
Falmouth	0055	**Hazard**	0018
Fincastle	0297	**Hebron Estates**	0981
Flatwoods	0015	**Henderson**	0019
Fleming-Neon	0161	**Heritage Creek**	0996
Flemingsburg	0056	**Hickman**	0067
Florence	0016	**Hickory Hill**	0444
Fordsville	0298	**Highland Heights**	0171
Forest Hills	0299	**Hills And Dales**	0448
Fort Mitchell	0057	**Hindman**	0172
Fort Thomas	0058	**Hodgenville**	0069
Fort Wright	0059	**Hollow Creek**	0318
Fountain Run	0301	**Hopkinsville**	0020
Fox Chase	0967	**Horse Cave**	0173
Frankfort	0006	**Houston Acres**	0321
Franklin	0060	**Hunters Hollow**	0969
Fredonia	0162	**Hurstbourne**	0449
Frenchburg	0302	**Hurstbourne Acres**	0322
Gamaliel	0303	**Hustonville**	0174
Georgetown	0062	**Hyden**	0323
Ghent	1003	**Indian Hills**	0176
Glasgow	0017	**Irvine**	0070
Glencoe	0309	**Irvington**	0177
Glenview	0464	**Island**	0326
Glenview Hills	0307	**Jackson**	0071

Jamestown	0178	**McKee**	0193
Jeffersontown	0072	**Meadow Vale**	0194
Jeffersonville	0439	**Meadowbrook Farm**	0344
Jenkins	0073	**Meadowview Estates**	0345
Junction City	0179	**Melbourne**	0346
Kingsley	0330	**Mentor**	0347
Kuttawa	0180	**Middlesboro**	0023
Lacenter	0181	**Middletown**	0085
Lafayette	0331	**Midway**	0195
Lagrange	0074	**Millersburg**	0196
Lakeside Park	0182	**Milton**	0348
Lancaster	0183	**Monticello**	0086
Langdon Place	0332	**Morehead**	0087
Lawrenceburg	0075	**Morganfield**	0088
Lebanon	0076	**Morgantown**	0198
Lebanon Junction	0975	**Mortons Gap**	0199
Leitchfield	0077	**Mount Sterling**	0089
Lewisburg	0185	**Mount Washington**	1008
Lexington-Fayette	0002	**Muldraugh**	0202
Liberty	0187	**Munfordville**	0203
Lincolnshire	0336	**Murray**	0024
Livermore	0188	**Murray Hill**	0446
Livingston	0337	**Nebo**	0352
London	0078	**New Castle**	0353
Loretto	0339	**New Haven**	0354
Louisa	0189	**Newport**	0007
Louisville	0001	**Nicholasville**	0025
Loyall	0190	**Norbourne Estates**	0355
Ludlow	0079	**North Middletown**	0206
Lyndon	0080	**Northfield**	0205
Lynnview	0192	**Nortonville**	0207
Madisonville	0081	**Norwood**	0356
Manchester	0082	**Oak Grove**	0208
Manor Creek	0341	**Oakland**	0357
Marion	0083	**Old Brownsboro Place**	0443
Martin	0084	**Olive Hill**	0091
Maryhill Estates	0342	**Orchard Grass Hills**	0358
Mayfield	0021	**Owensboro**	0008
Maysville	0022	**Owingsville**	0092
Mc Henry	0985	**Paducah**	0009

Paintsville	0093
Paris	0026
Park City	0360
Park Hills	0094
Parkway Village	0361
Pembroke	0362
Perryville	0210
Pewee Valley	0211
Pineville	0096
Pioneer Village	0441
Plantation	0212
Pleasureville	0367
Plum Springs	0368
Powderly	0370
Prestonsburg	0097
Prestonville	0371
Princeton	0098
Prospect	0213
Providence	0099
Raceland	0214
Radcliff	0100
Ravenna	0215
Richlawn	0372
Richmond	0010
River Bluff	0457
Riverwood	0374
Robards	0461
Rockport	0377
Rolling Fields	0378
Rolling Hills	0216
Russell Springs	0217
Russellville	1009
Ryland Heights	0971
Sacramento	0382
Sadieville	0440
Salyersville	0105
Sandy Hook	0218
Science Hill	0387
Scottsville	0106
Sebree	0219
Seneca Gardens	0390
Shelbyville	0107
Shepherdsville	0986
Shively	0027
Silver Grove	0220
Simpsonville	0997
Slaughters	0393
Smithfield	0972
Smithland	0395
Smiths Grove	0396
Somerset	0028
South Shore	0400
Southgate	0109
Sparta	0401
Spring Valley	0445
Springfield	0110
St. Charles	0462
St. Matthews	0463
St. Regis Park	0104
Stamping Ground	0403
Stanford	0221
Stanton	0111
Strathmoor Manor	0405
Strathmoor Village	0406
Sturgis	0112
Sycamore	0456
Taylor Mill	0113
Taylorsville	0407
Ten Broeck	0453
Thornhill	0408
Tompkinsville	0222
Trenton	0409
Uniontown	0223
Vanceburg	1004
Versailles	0115
Vicco	0413
Villa Hills	0116
Vine Grove	0117
Walton	0224
Warsaw	0225

Watterson Park	0450
Wayland	0419
Wellington	0973
West Buechel	0227
West Liberty	0118
West Point	0228
Westwood	0421
Wheatcroft	0422
Wheelwright	0423
White Plains	0425
Whitesburg	0230
Whitesville	0426
Wickliffe	0231
Wilder	0232
Wildwood	0427
Williamsburg	0119
Williamstown	0233
Wilmore	0120
Winchester	0029
Windy Hills	0234
Wingo	0430
Woodburn	0433
Woodbury	0459
Woodland Hills	0434
Woodlawn	0435
Woodlawn Park	0235
Worthington	0236
Worthington Hills	0452
Worthville	0436

County Listing

Anderson County	0852
Bell County	0856
Breckinridge County	0863
Bullitt County	0864
Campbell County	0868
Carter County	0870
Casey County	0872
Clark County	0994
Crittenden County	1007
Daviess County	0879
Elliott County	0999
Fleming County	1005
Franklin County	0886
Fulton County	0887
Garrard County	0966
Henderson County	0900
Hopkins County	0903
Jackson County	0904
Jefferson County	0905
Kenton County	1000
Lewis County	0917
Lexington-Fayette	0002
Mason County	0930
Meade County	0931
Menifee County	0932
Morgan County	0937
Oldham County	0942
Owen County	0943
Owsley County	0944
Pulaski County	0949
Rockcastle County	0951
Spencer County	1006
Todd County	1001
Trigg County	0960
Washington County	0964
Wayne County	0965

LGT-140 Form

Matching the Data Requirements to the Form

The LGT-140 Form

Commonwealth of Kentucky
Office of Insurance
CITY, COUNTY, OR URBAN COUNTY GOVERNMENT INSURANCE PREMIUM TAX
ANNUAL RECONCILIATION

DUE: MARCH 31

For the year:	Name of City, County or Urban County Govt.:
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:

SECTION I

	(1) Established Tax Rate %	(2) Premiums Collected	(3) Tax Payable [(1) x (2)]	(4) Collection Fee	(5) Amount Collected From Policyholders	(6) Additional Tax Due or (Overpayment)
1st Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						
2nd Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						
3rd Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (LGT 142)						
Total						

Note: See filing instructions

Form LGT-140 (03/05)

SECTION I (Continued)						
	(1) Established Tax Rate %	(2) Premiums Collected	(3) Tax Payable [(1) x (2)]	(4) Collection Fee	(5) Amount Collected From Policyholders	(6) Additional Tax Due or (Overpayment)
4th Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						
ANNUAL TOTALS						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						

SECTION II
COMPUTATION OF ADDITIONAL PAYMENT DUE
(Do not complete if no additional tax is due for any quarter.)

Quarter	Tax Balance Due	Annual Interest Rate	Interest Due	Total Tax and Interest Due	Date Tax Was Paid
1st					
2nd					
3rd					
4th					
Total					

SECTION III
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.	Annual Premium Collected	Municipal Taxes Collected	Carrier Name	NAIC No.	Annual 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 annual premium collected on a separate sheet of paper and submit the information with the completed Form LGT 141.

Section IV
Certification

I hereby certify that the information provided is an accurate statement of the premiums collected and that the true and correct amount of taxes due have been remitted to the city, county, or urban county government named above..

(Signature of Person Responsible For Preparing This Return)

(Date)

Note: See Filing Instructions

Form LGT-140 (03/06)

The Required Data Elements from the LGT-140

Year

Name of Taxing Entity

Commonwealth of Kentucky
Office of Insurance
CITY, COUNTY, OR URBAN COUNTY GOVERNMENT INSURANCE PREMIUM TAX
ANNUAL RECONCILIATION

DUE: MARCH 31

For the year:	Name of City, County or Urban County Govt.:
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:

SECTION I

	(1) Established Tax Rate %	(2) Premiums Collected	(3) Tax Payable [(1) x (2)]	(4) Collection Fee	(5) Amount Collected From Policyholders	(6) Additional Tax Due or (Overpayment)
1st Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						

<u>If an Insurance Carrier</u>, enter:

- Company Name
- NAIC Number
- FEIN
- Person Filing the Return First/Last/Middle Name
- Person Filing the Return Street Address/City/State/Zip/Phone Number/E-Mail Address

<u>If a Surplus Lines Broker</u>, enter:

- Broker Name
- DOI ID Number (Department of Insurance License ID No)
- FEIN
- Person Filing the Return First/Last/Middle Name
- Person Filing the Return Street Address/City/State/Zip/Phone Number/E-Mail Address

Total Annual Tax Paid by Category

Total Annual Premium Collected

Total Annual Tax Paid

SECTION I (Continued)

	(1) Established Tax Rate %	(2) Premiums Collected	(3) Tax Payable [(1) x (2)]	(4) Collection Fee	(5) Amount Collected From Policyholders	(6) Additional Tax Due or (Overpayment)
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						
ANNUAL TOTALS						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						

SECTION II
COMPUTATION OF ADDITIONAL PAYMENT DU
(Do not complete if no additional tax is due for any quart

	Tax Balance Due	Annual Interest Rate	Interest Due	Total Intere

SECTION III
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.	Annual Premium Collected	Municipal Taxes Collected	Carrier Name	NAIC No.	Annual 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 annual premium collected on a separate sheet of paper and submit the information with the completed Form LGT 141.

Section IV
Certification

I hereby certify that the information provided is an accurate statement of the premiums collected and that the true and correct amount of taxes due have been remitted to the city, county, or urban county government named above..

(Signature of Person Responsible For Preparing This Return)

(Date)

Note: See Filing Instructions

Form LGT-140 (03/05)

SECTION I (Continued)

	(1) Established Tax Rate %	(2) Premiums Collected	(3) Tax Payable [(1) x (2)]	(4) Collection Fee	(5) Amount Collected From Policyholders	(6) Additional Tax Due or (Overpayment)
4th Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						
ANNUAL TOTALS						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						

SECTION II
COMPUTATION OF ADDITIONAL PAYMENT DUE
(Do not complete if no additional tax is due for any quarter.)

Quarter	Tax Balance Due	Annual Interest Rate	Interest Due	Total Tax and Interest Due	Date Tax Was Paid
1st					
2nd					
3rd					
4th					
Total					

SECTION III
Carrier Listing for Exported Coverage
lines broke suant to KRS 304.10, please list the carriers that supplied the cover
are being reported.*

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

list exported carriers, please list the carrier name, NAIC number, and the amount of annual premium co
bmit the information with the completed Form LGT 141.

Section IV
Certification

I hereby certify that the information provided is an accurate statement of the premiums collected and that the true and correct amount of taxes due have been remitted to the city, county, or urban county government named above..

(Signature of Person Responsible For Preparing This Return)

(Date)

Note: See Filing Instructions

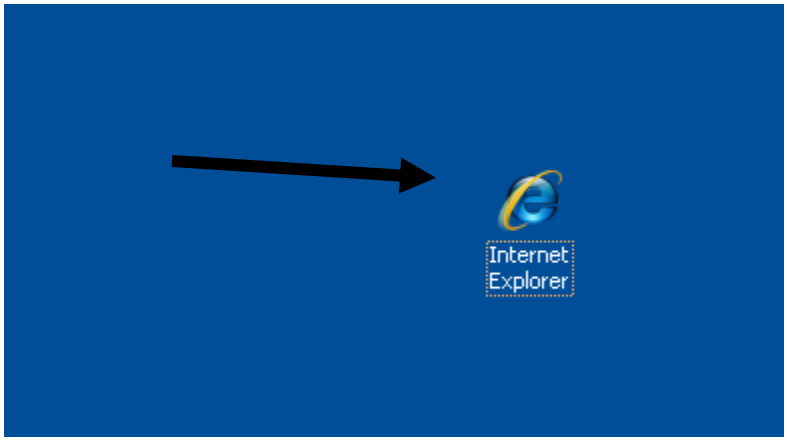
Form LGT-140 (03/06)

Total Interest Due

Total Tax and Interest Due (Total Amount)

FILING VIA ESERVICES

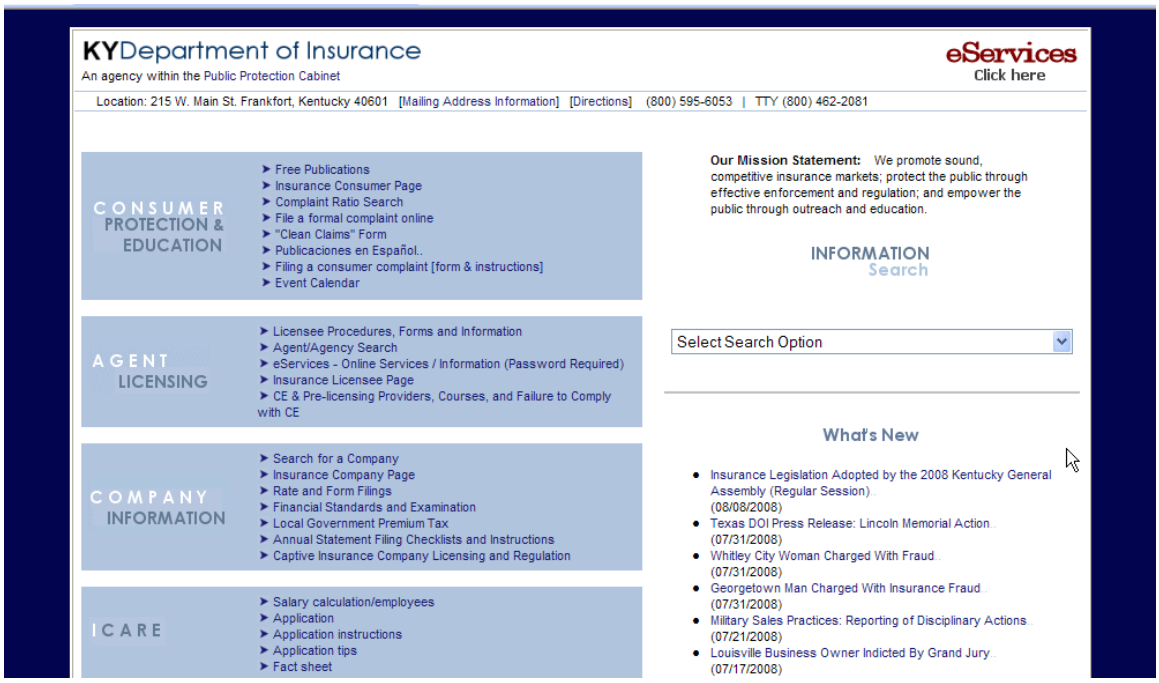
1. To begin the E-Services application, double click on the **Explorer icon** on your desktop. The icon is shown below.



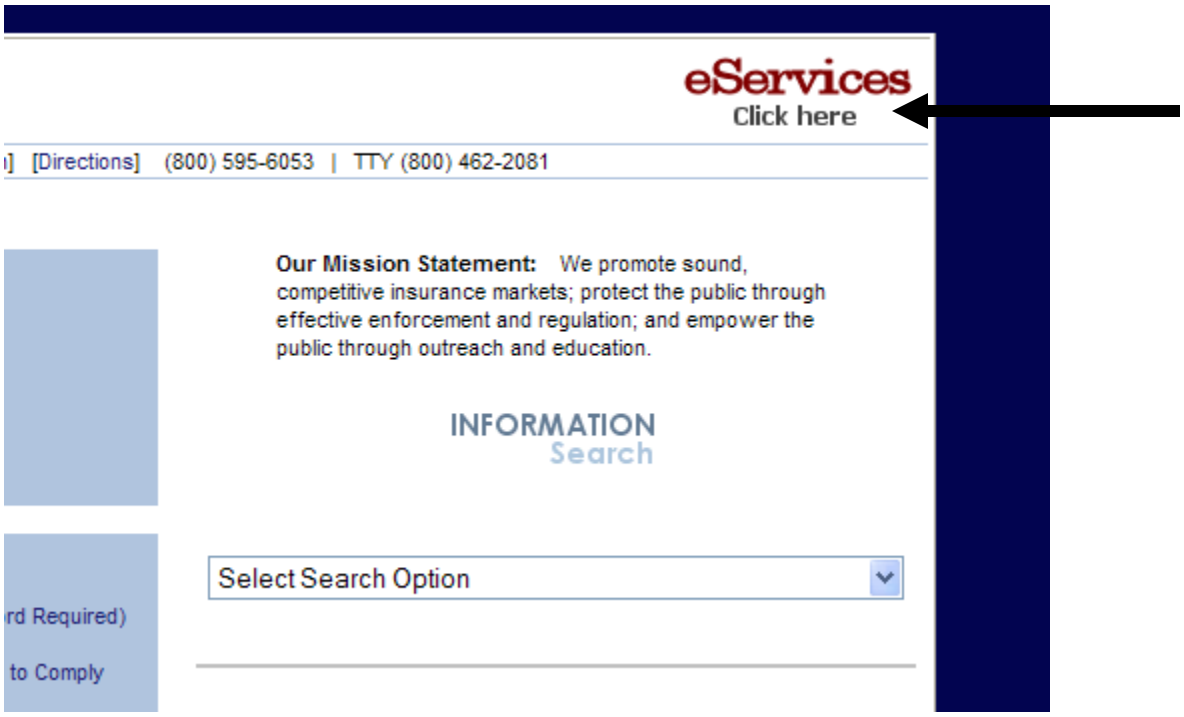
Proceed to the Kentucky DOI webpage at:

http://doi.ppr.ky.gov/kentucky/

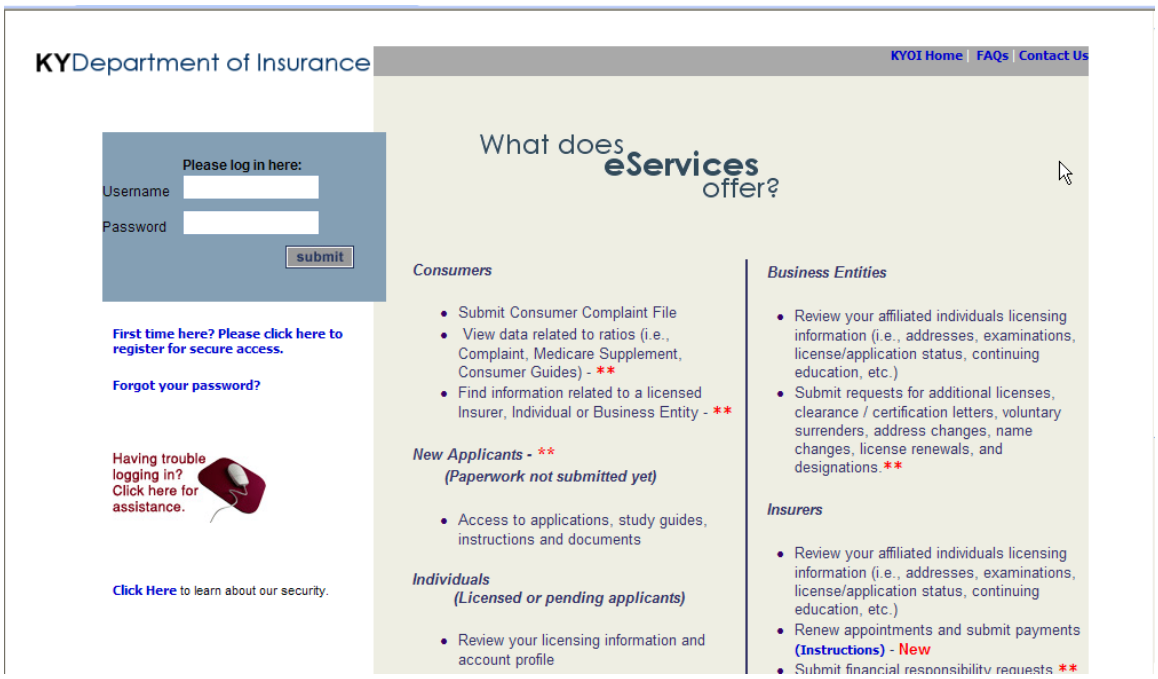
2. After clicking into the above website, the following page should appear:



3. Click the E-Services icon in the top right corner of the webpage.

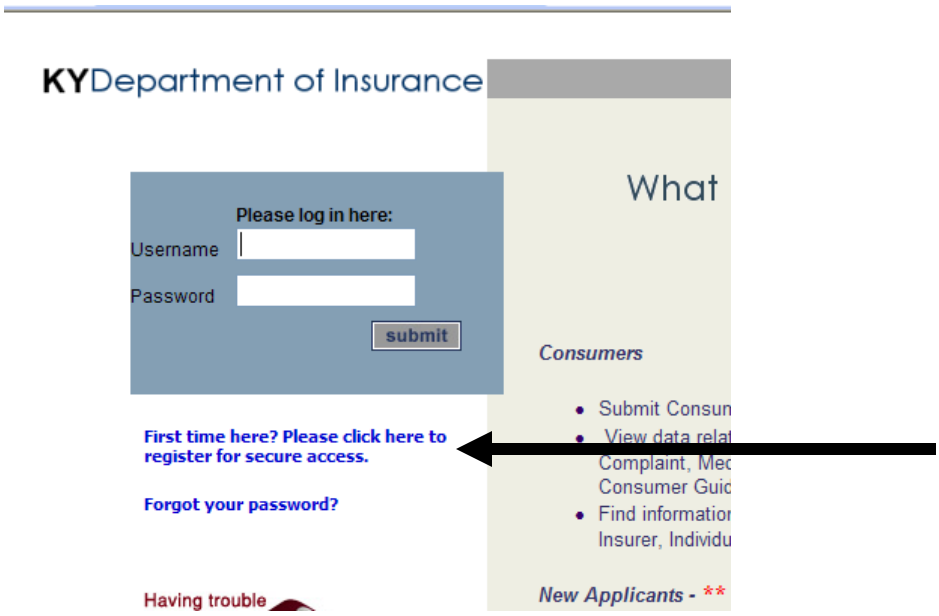


4. Which will direct you to the DOI e-services portal, as shown below.

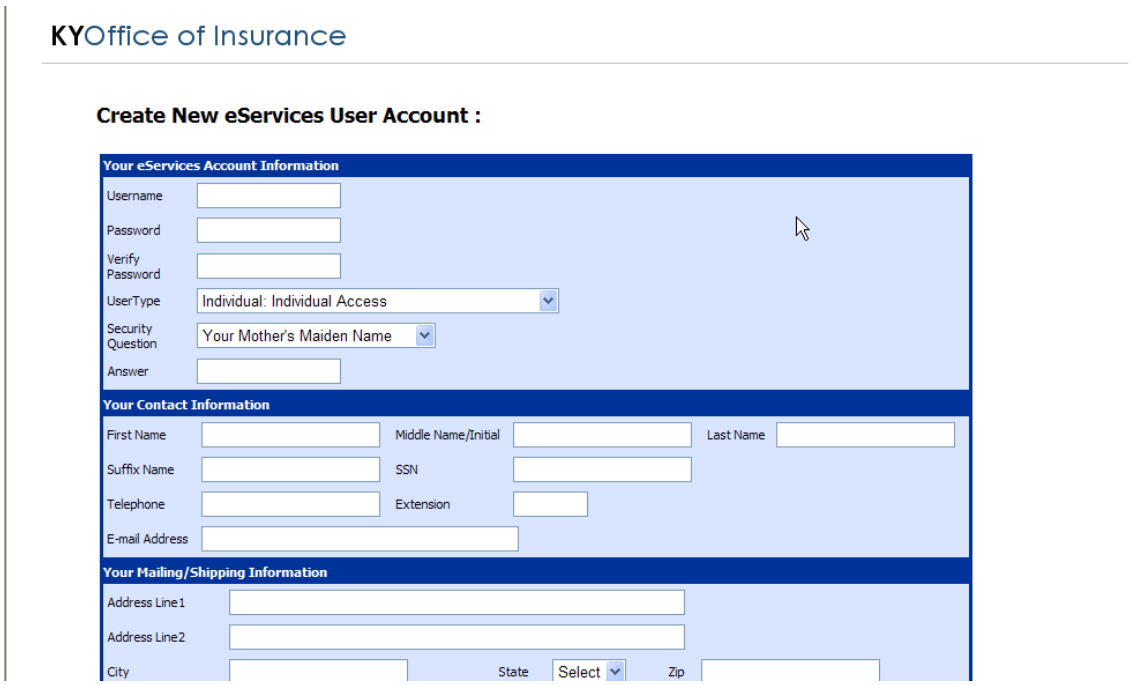


SETTING UP A NEW ACCOUNT

Before using E-Services, you'll need a username and password. To create a new username and password, click "First Time Here".

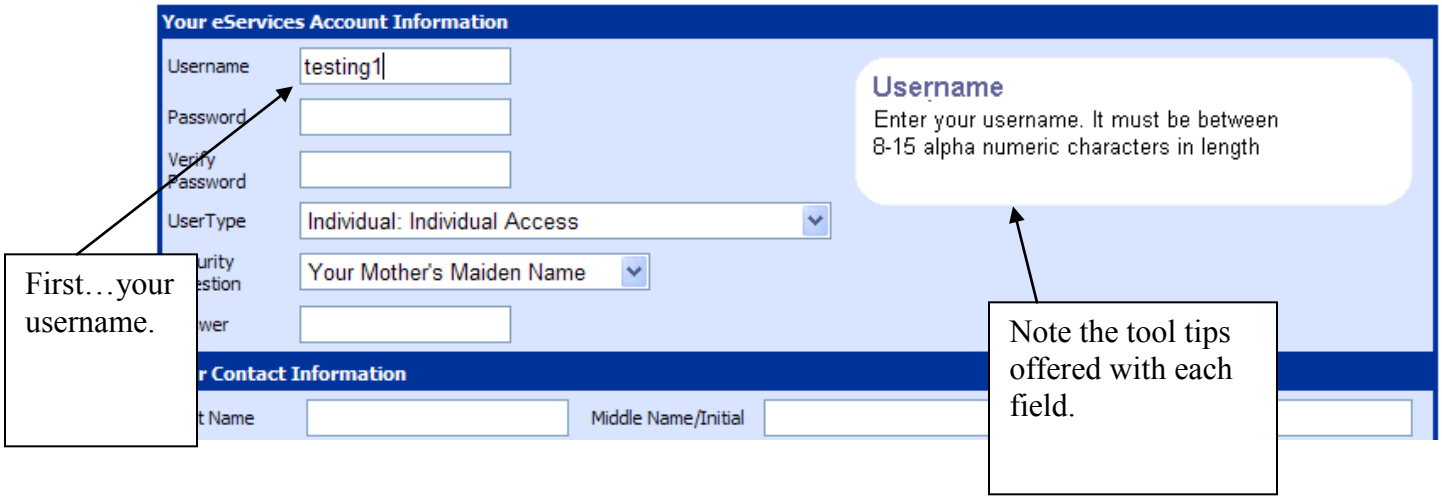


This will enable the user to set up the account to gain access to the application.

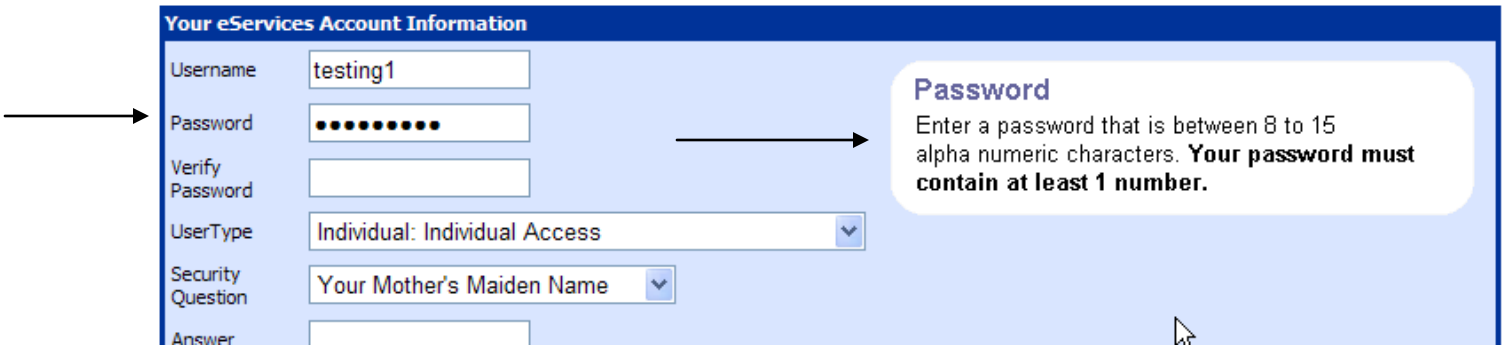


First, manually create your username and password:

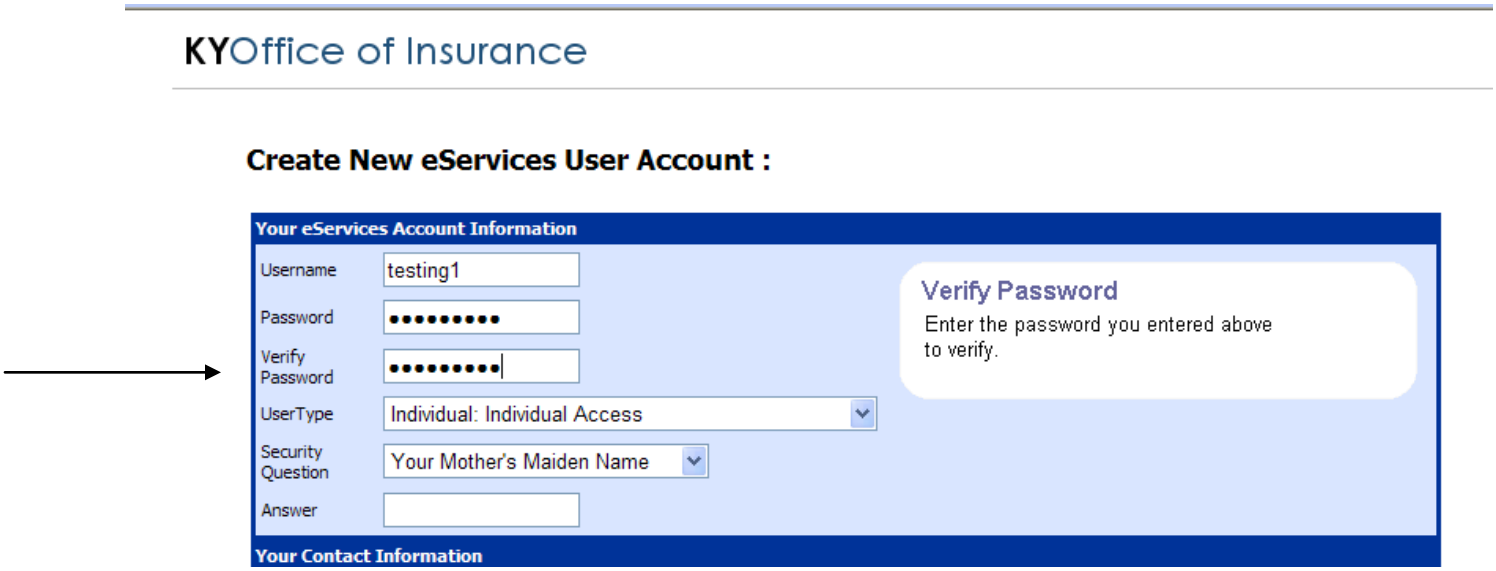
Create New eServices User Account :



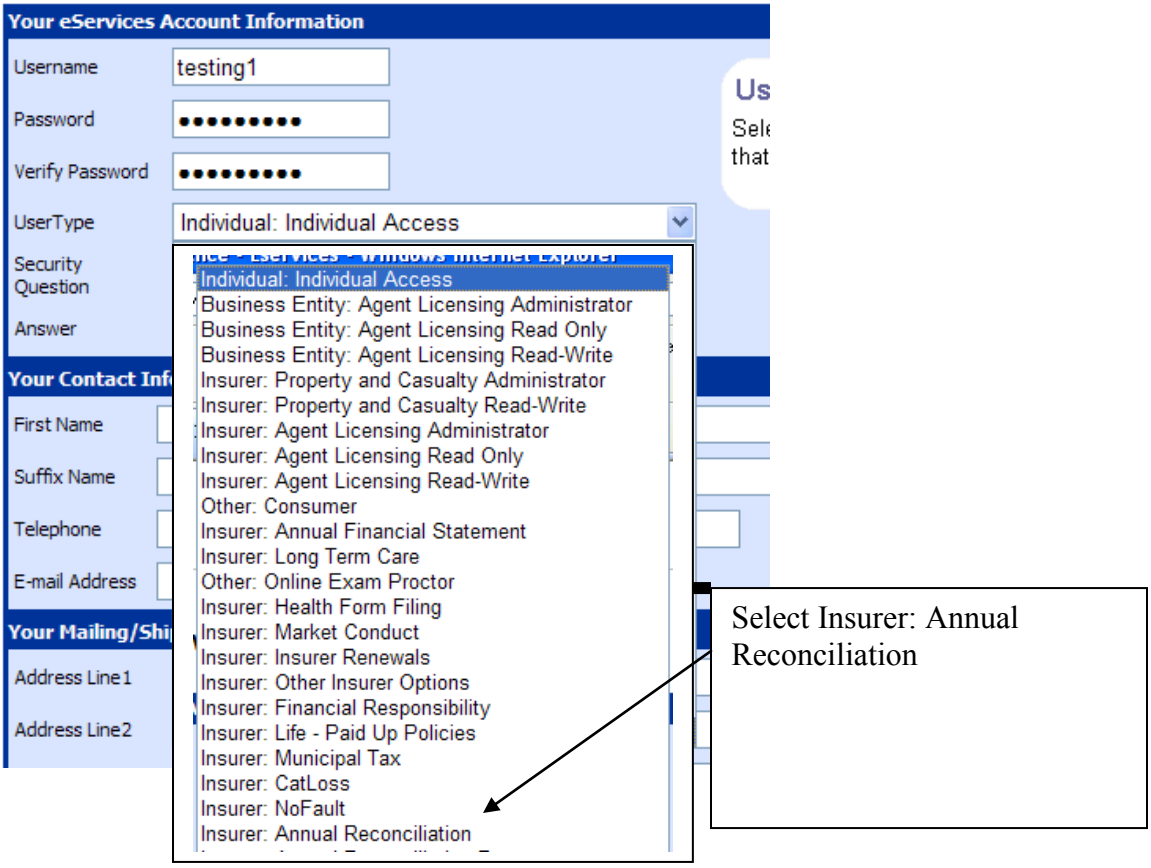
Then the password….



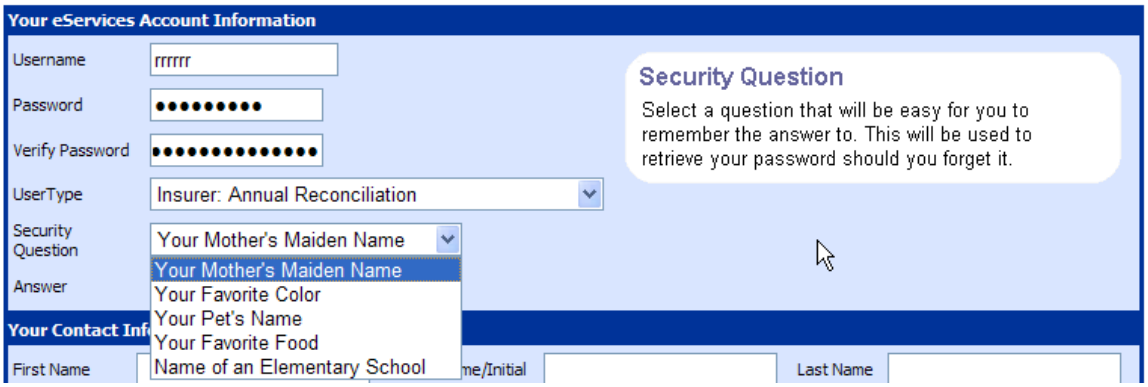
You must verify your password once entered…..



Create New eServices User Account :



Select a security question…..



Enter your contact information in this area.

Answer

Your Contact Information

First Name	John	Middle Name/Initial	E	Last Name	Doe
Suffix Name	Mr	SSN	555666777		
Telephone	5025551212	Extension	1234		
E-mail Address	johndoe@ky.gov				

Your Mailing/Shipping Information

Note:
The phone number should contain no dashes.

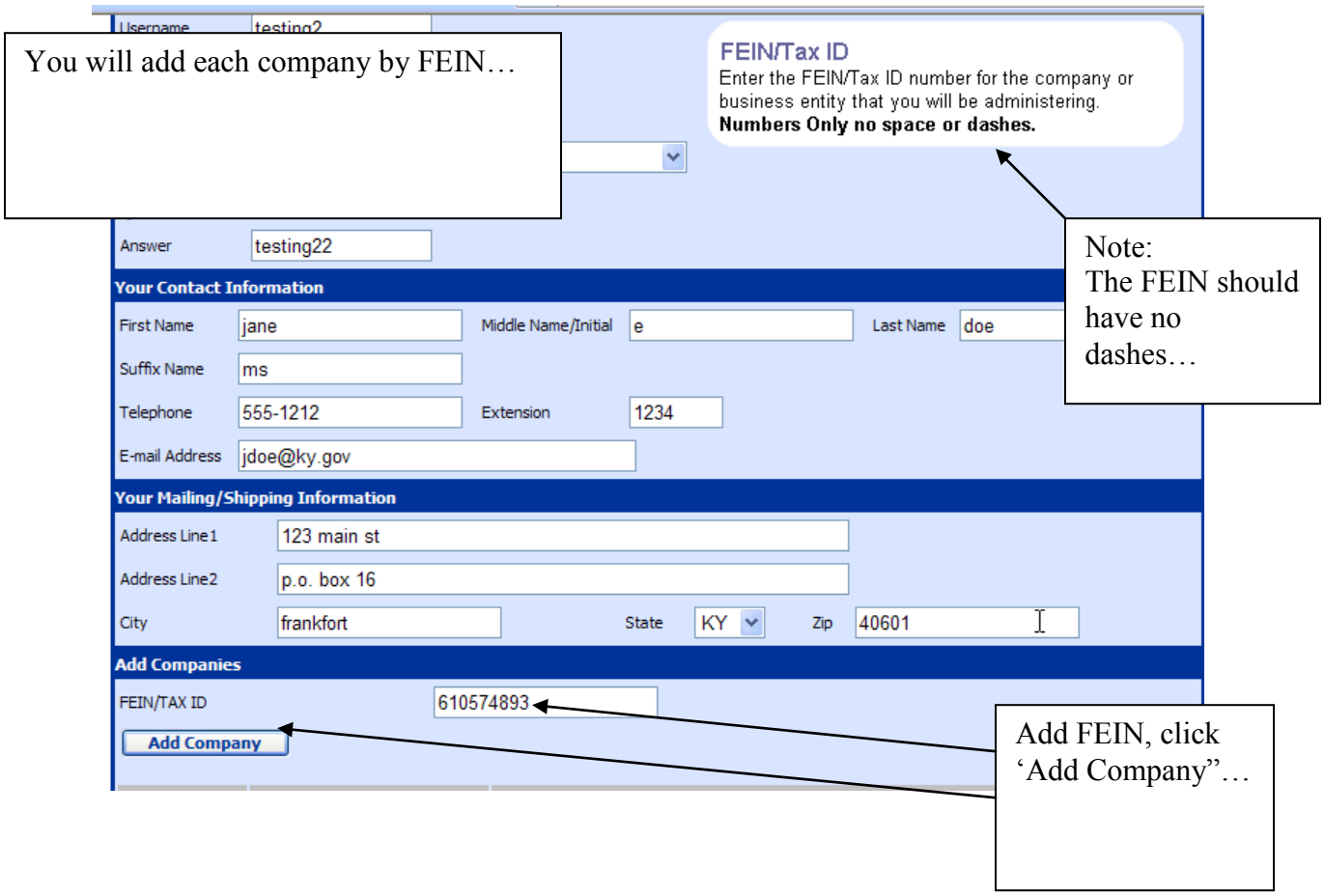
Then the address information.

Your Mailing/Shipping Information

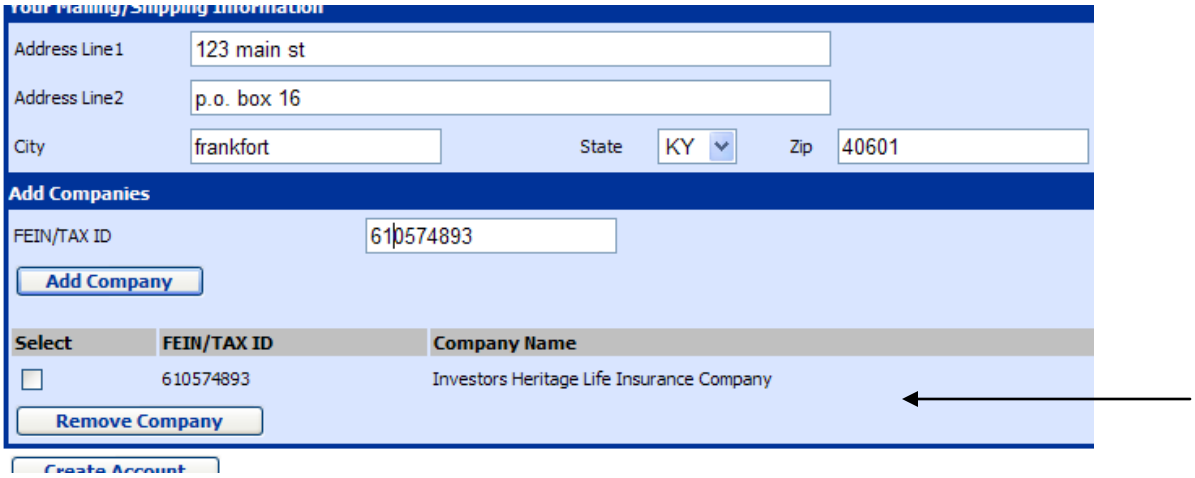
Address Line1	123 Main St				
Address Line2	P.O. Box 123				
City	Frankfort	State	KY	Zip	40601

<u>This type of account will allow a user to add more than one company to the login, should the user be responsible for transmitting annual data on behalf of multiple companies.</u>

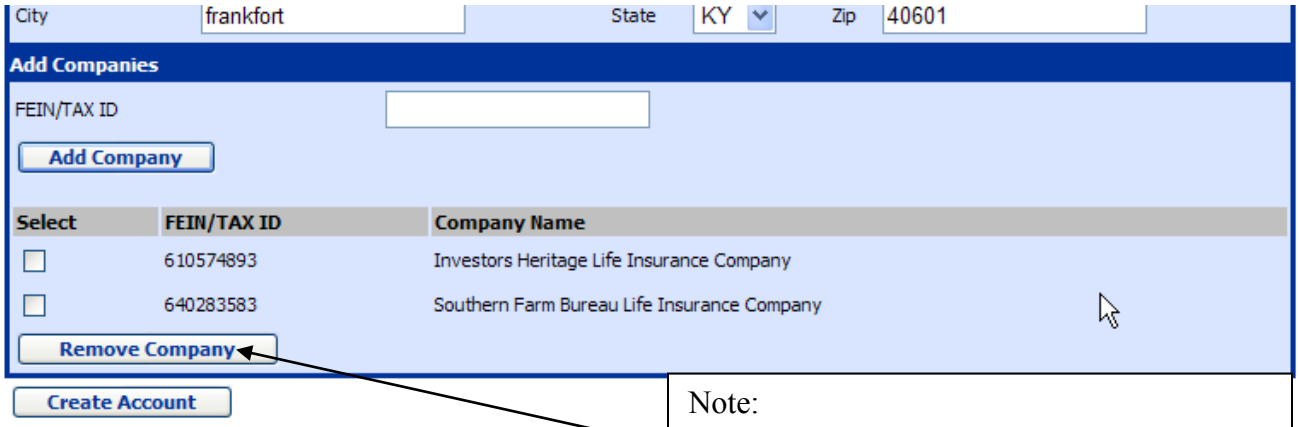
To add multiple companies, follow the instructions shown here.



After the company has been added, the company name will be added to the grid as shown here…

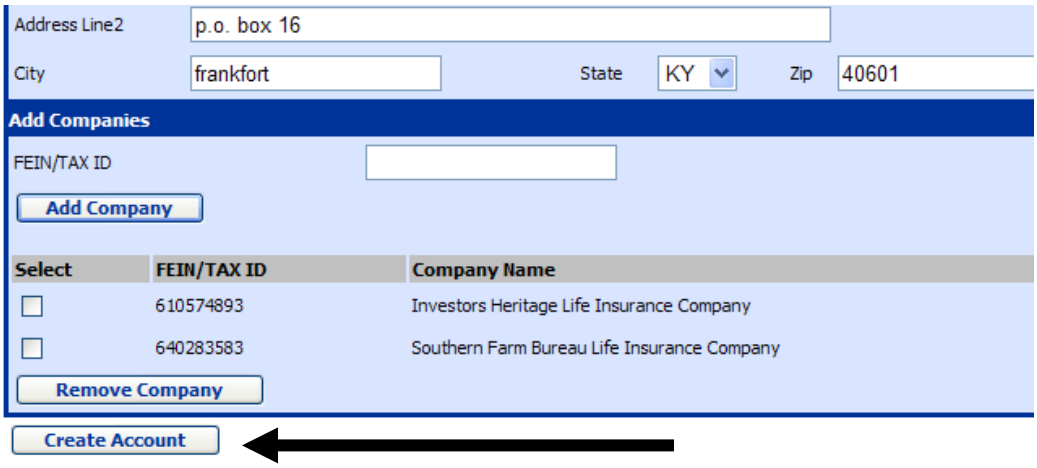


You may add additional companies in the same manner.



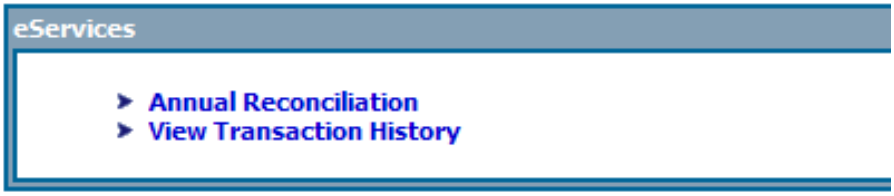
Note:
You are able to delete a company by clicking the box next to the company to remove, then by clicking "Remove Company"…

After all pertinent data has been entered, you are ready to create your account. Click "Create Account" to proceed.



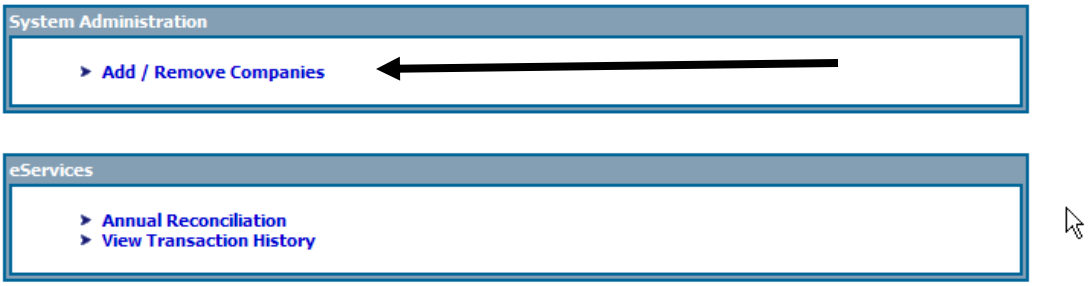
IMPORTANT: If nothing happens after clicking "Create Account", please scroll to the top of the form to see if there are editing errors to consider.

After clicking "Create Account", you should be taken to the following screen.

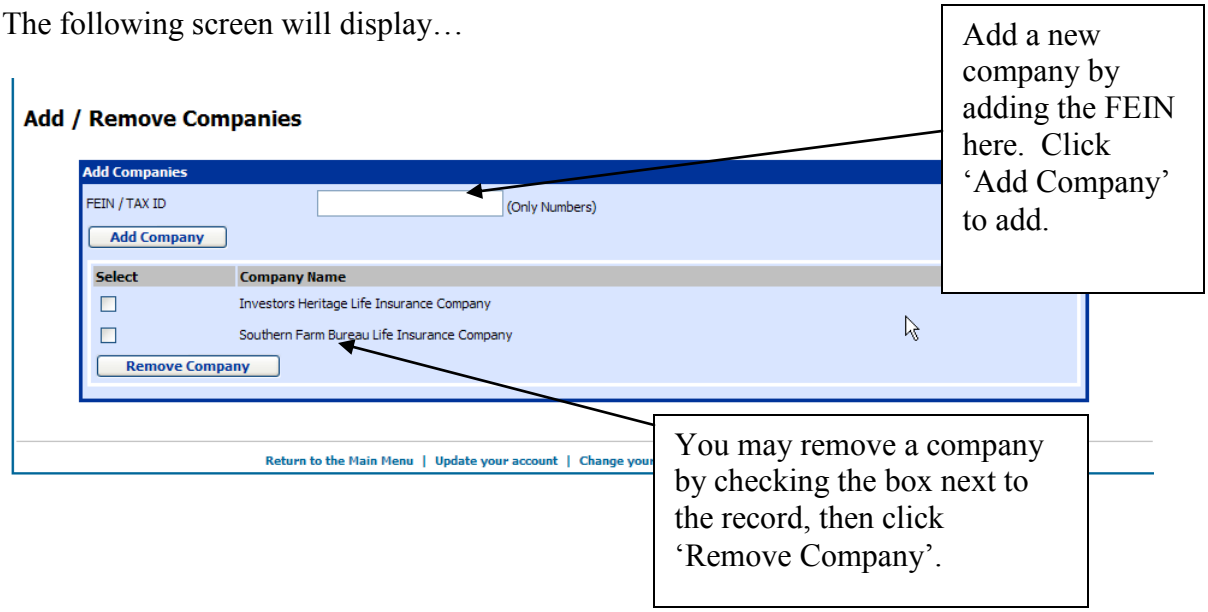


<u>Important Note: Should you wish to add an additional company after the account has been established, click here:</u>

From the Main Menu click here.

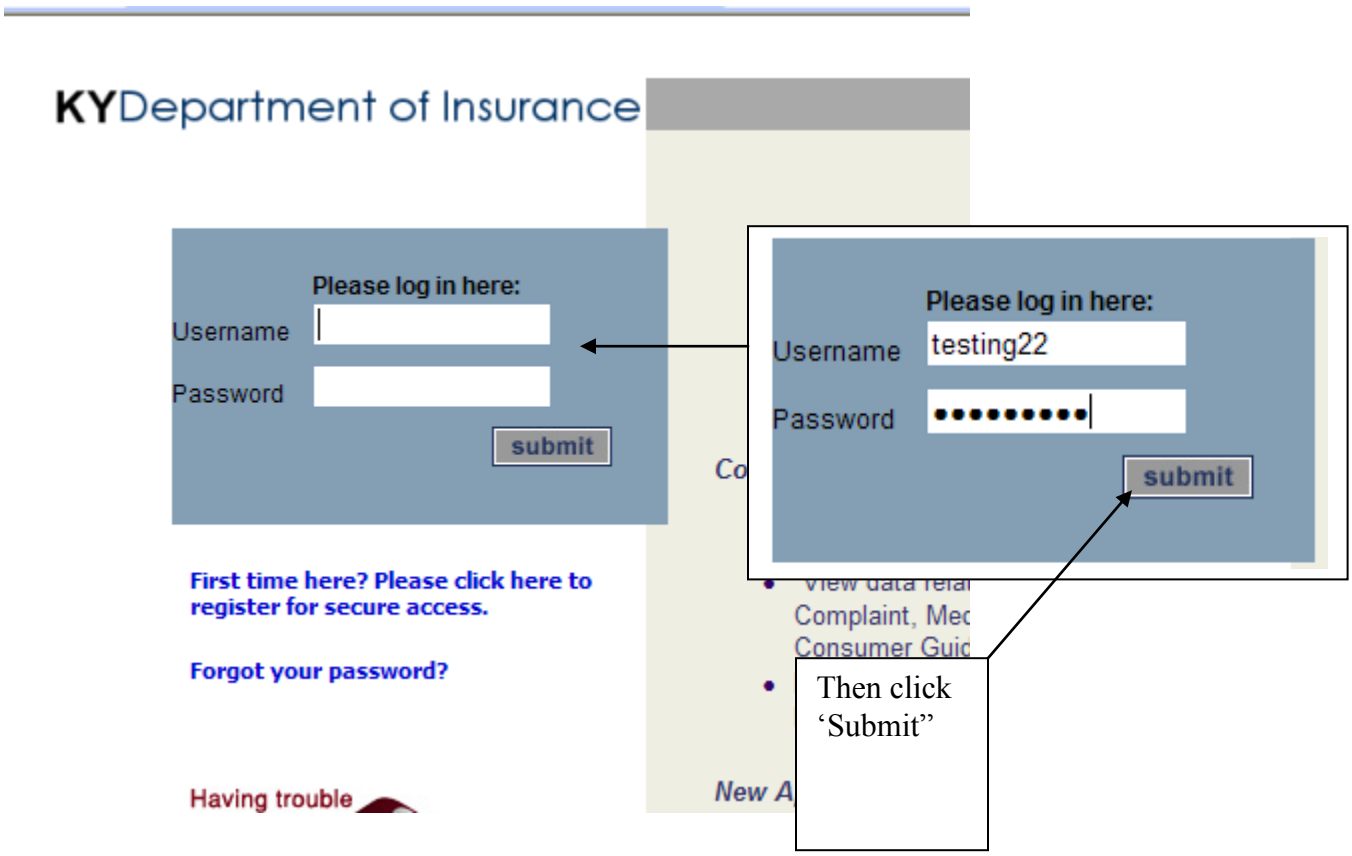


The following screen will display…

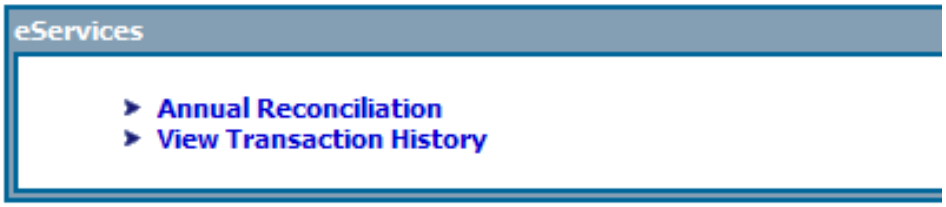


LOGGING INTO E-SERVICES

Enter your Username and Password from the E-Services jump page as shown here.

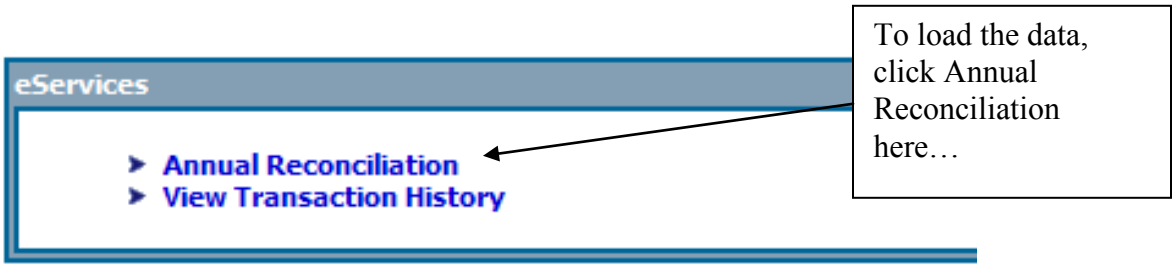


The following screen should display…

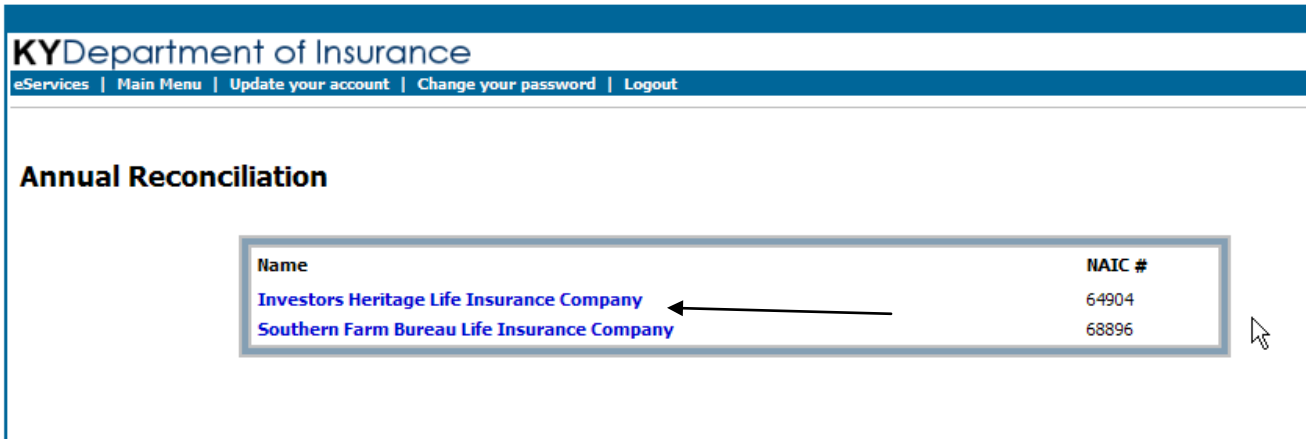


ENTERING ANNUAL RECONCILIATION DATA INTO E-SERVICES

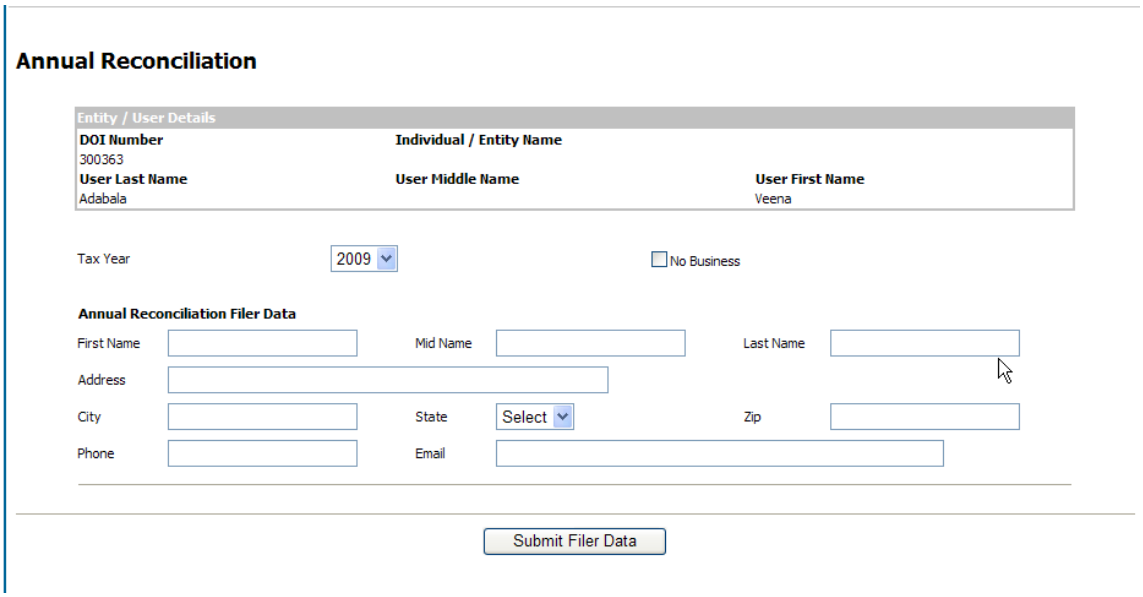
After logging into the account, the first screen presented should be this:



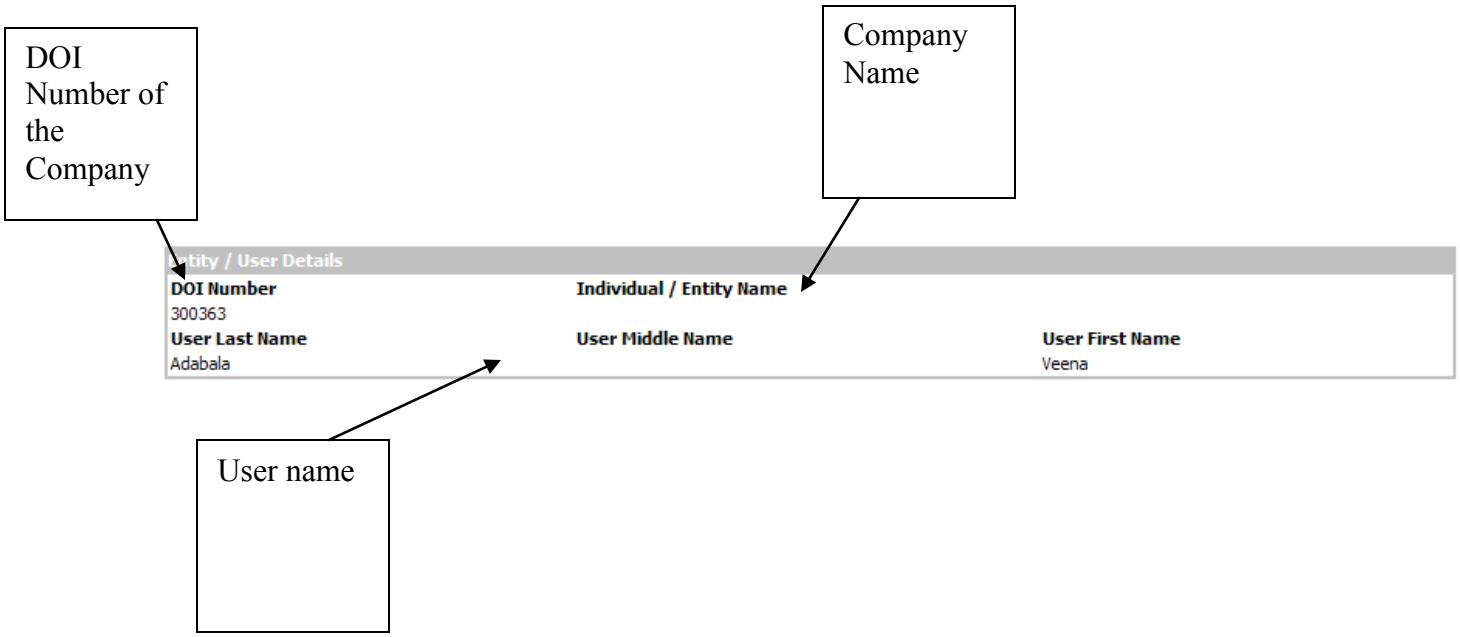
If the user has signed up for multiple companies within one login, you will need to declare which company the filing is for with a single click..…



Either way, the next screen that will present will be the data entry screen for the Annual Reconciliation.



The top of the form offers the Entity/User demographic data…



Next, the data concerning the year and filer information will be entered.

Denote the year of the data filed here.

If the company had no business for the year, mark here.

Tax Year 2009 No Business

Annual Reconciliation Filer Data

First Name Mid Name Last Name

Address

City State Select Zip

Phone Email

Submit Filer Data

Enter the demographic data of the filer….here.

Once done, click "Submit Filer Data" to continue

Next, the user will enter the annual reconciliation data.

Annual Reconciliation

Entity / User Details

DOI Number	Individual / Entity Name	
300363		
User Last Name	**User Middle Name**	**User First Name**
Adabala		Veena

Local Government Name

Total Annual Tax Paid (Casualty)		Total Annual Premium	
Total Annual Tax Paid (Fire and Allied Lines)		Total Annual Tax Paid	
Total Annual Tax Paid (Health)		Total Annual Interest Due	
Total Annual Tax Paid (Inland Marine)		Total Amount	
Total Annual Tax Paid (Life)		Add Taxes	
Total Annual Tax Paid (Motor Vehicle)			
Total Annual Tax Paid (All Other Risks)			

Submit Annual Reconciliation

Select the taxing municipality here….

Local Government Name

Total Annual Tax Paid (Casualty)

Total Annual Tax Paid

Total Annual Premium

Total Annual Tax Paid

Click the down arrow here…

To enable a listing of local government taxing entities

Louisville
Ashland
Bowling Gree
Covington
Frankfort
Newport
Owensboro
Paducah

After selecting the proper taxing entity, load the tax data in the fields shown here.

Local Government Name: Ashland

Total Annual Tax Paid (Casualty)	1000	Total Annual Premium	50000
Total Annual Tax Paid (Fire and Allied Lines)	200	Total Annual Tax Paid	1900
Total Annual Tax Paid (Health)	200	Total Annual Interest Due	6
Total Annual Tax Paid (Inland Marine)	200	Total Amount	1906
Total Annual Tax Paid (Life)	0		
Total Annual Tax Paid (Motor Vehicle)	200		
Total Annual Tax Paid (All Other Risks)	100		

Add Taxes

Submit Annual Reconciliation

The following will match the fields above to the LGT-140 document.

1/Casualty	Total Annual Tax Paid (Casualty)	1000
	Total Annual Tax Paid (Fire and Allied Lines)	200
3/Health	Total Annual Tax Paid (Health)	200
	Total Annual Tax Paid (Inland Marine)	200
5/Life	Total Annual Tax Paid (Life)	0
	Total Annual Tax Paid (Motor Vehicle)	200
7/All Other Risks	Total Annual Tax Paid (All Other Risks)	100

2/Fire and Allied Lines

4/Inland Marine

6/Motor Vehicle

The above information is gathered from Section I (Annual Totals) on page 2 of the LGT-140 Form.

SECTION I (Continued)						
	(1) Established Tax Rate %	(2) Premiums Collected	(3) Tax Payable [(1) x (2)]	(4) Collection Fee	(5) Amount Collected From Policyholders	(6) Additional Tax Due or (Overpayment)
4th Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						
ANNUAL TOTALS						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						

1
2
3
4
5
6
7

The remaining data in the form…

8/Total Annual Premium

10/Total Ann Interest

Total Annual Premium	50000
Total Annual Tax Paid	1900
Total Annual Interest Due	6
Total Amount	1906

9/Total Annual Tax Paid

11/Total Amount

SECTION I (Continued)						
	(1) Established Tax Rate %	(2) Premiums Collected	(3) Tax Payable [(1) x (2)]	(4) Collection Fee	(5) Amount Collected From Policyholders	(6) Additional Tax Due or (Overpayment)
4th Quarter						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						
ANNUAL TOTALS						
Casualty						
Fire & Allied Perils						
Health						
Inland Marine						
Life						
Motor Vehicle						
All Other Risks						
Credits (Form LGT 142)						
Total						

8

9. This column should total columns 1-7. The application will auto calculate these as you insert data

The total interest due can be found in Section II, page 2, of the LGT-140 form.

All Other Risks						
Credits (Form LGT 142)						
Total						

10

11

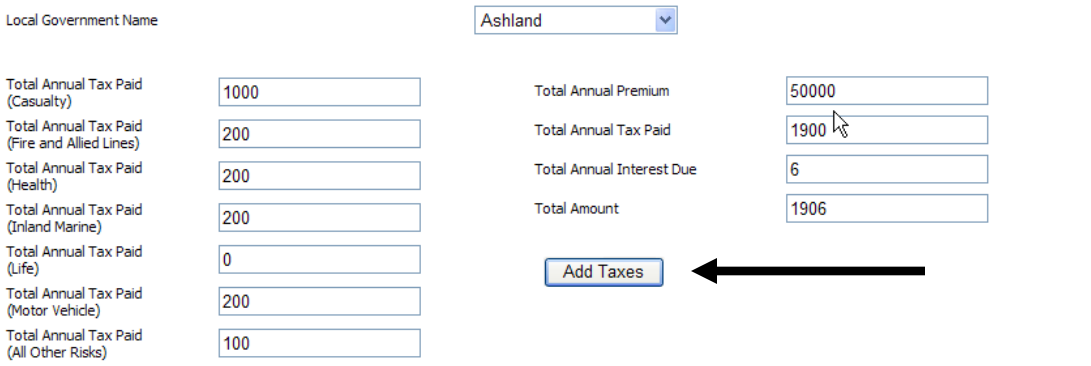
SECTION II
OMPUTATION OF ADDITIONAL PAYMENT DUE
(not complete if no additional tax is due for any quarter.)

Quarter	Tax Balance Due	Annual Interest Rate	Interest Due	Total Tax and Interest Due	Date Tax Was Paid
1st					
2nd					
3rd					
4th					
Total					

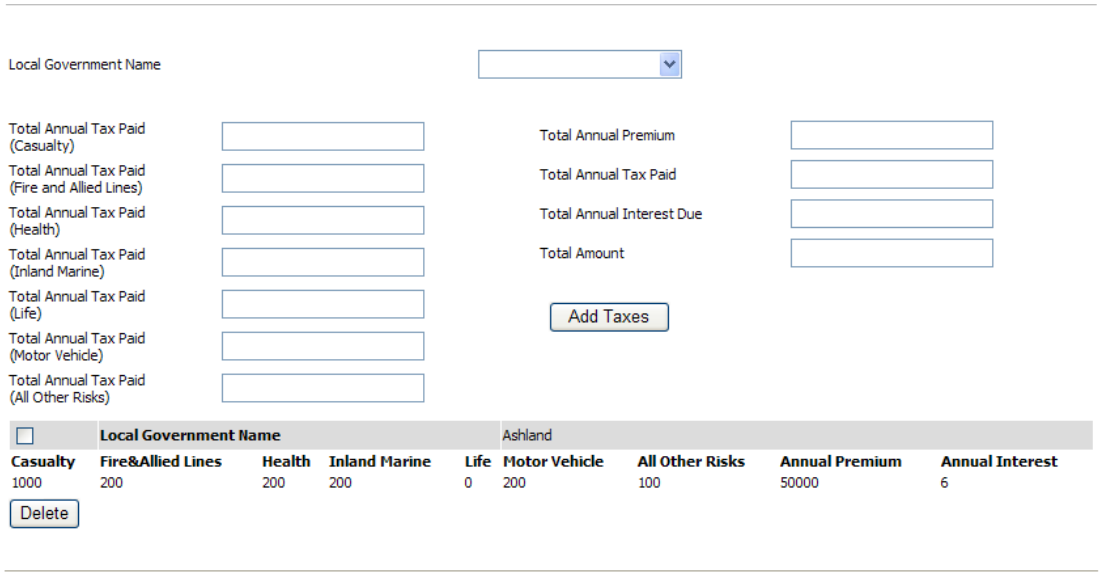
SECTION III
Carrier Listing for Exported Coverage

The total of column 9 + 10 should result in the Total Amount figure (Column 11). This will also pre-calculate for you in the application as you enter this data.

After all data has been entered for the municipality, click 'Add Taxes' to write the data to the Reconciliation.



After clicking 'Add Taxes', the data is displayed in the grid as shown here.

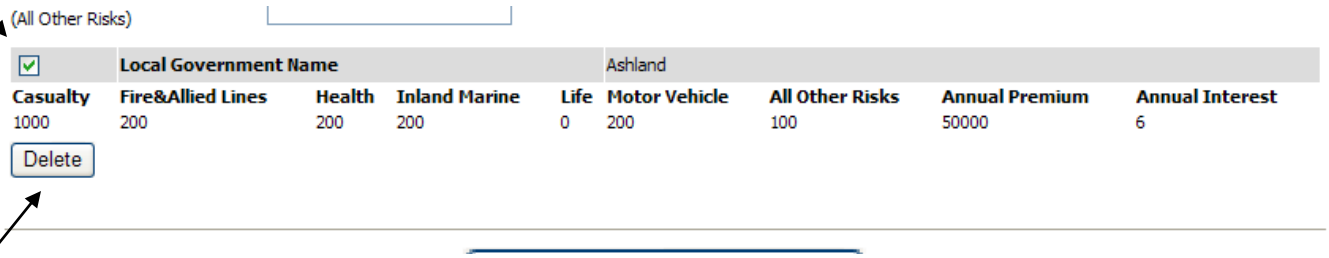


You are ready to either:

- Add additional data for another taxing entity
- Or, submit the completed reconciliation

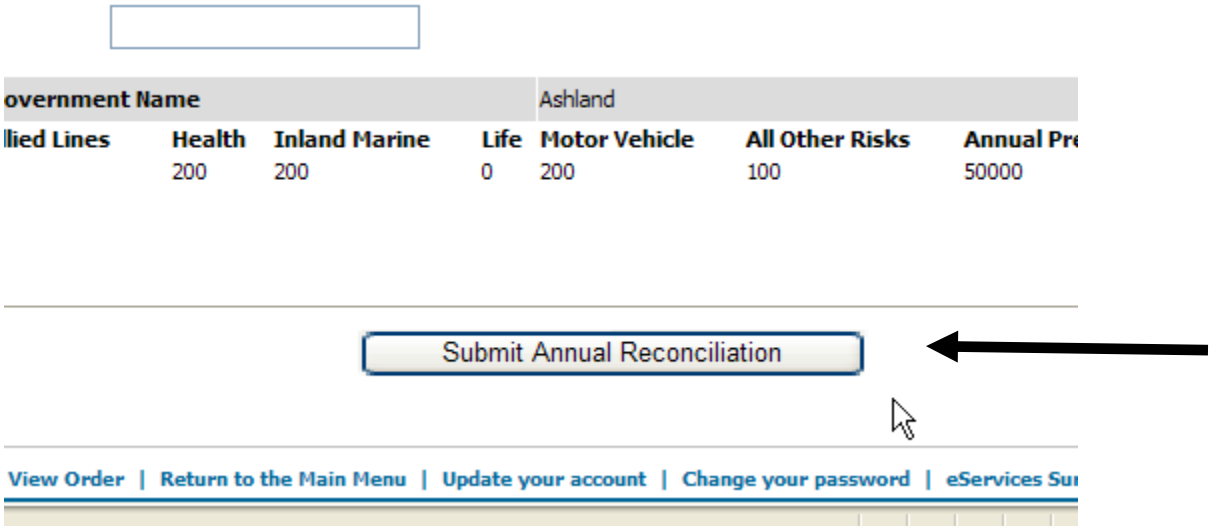
You may delete an entered entity by:

Clicking this check box here to select the record you wish to delete

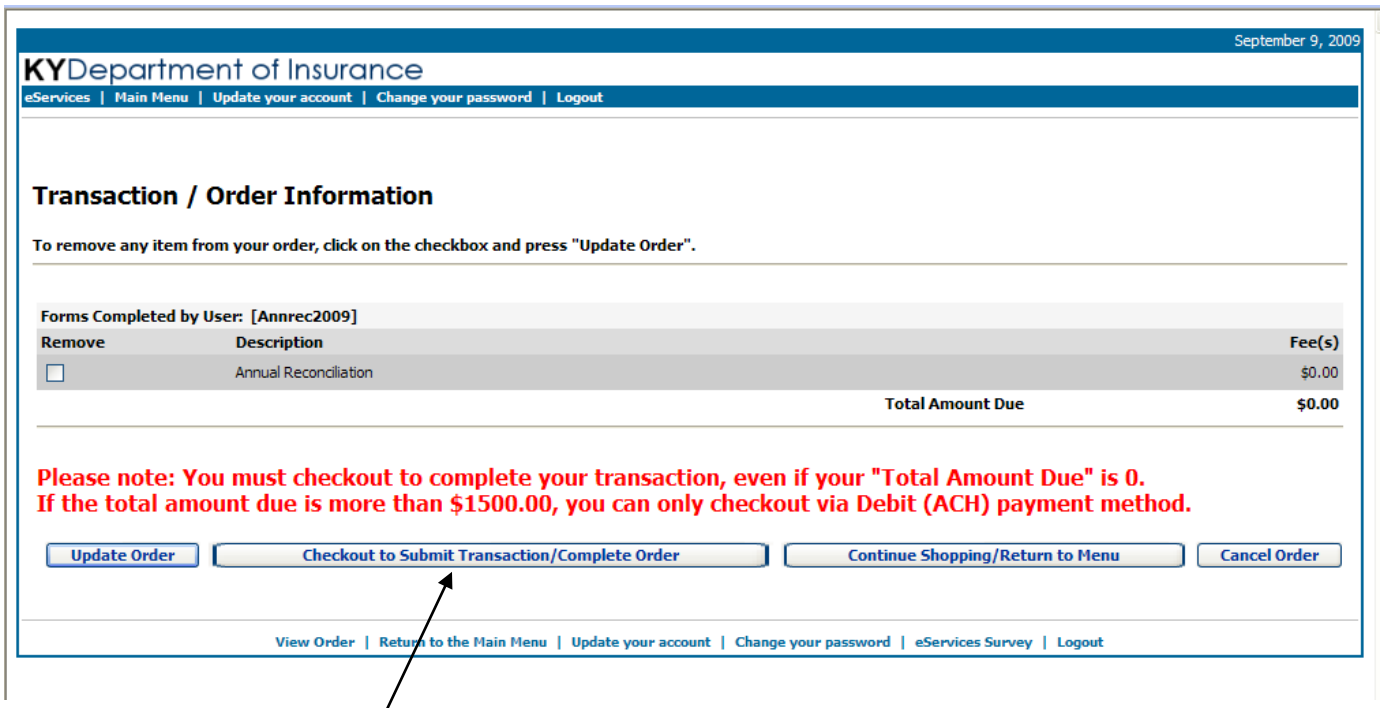


Then click delete here to remove the record from the submission

When the data entry is complete, click 'Submit Annual Reconciliation'…..



You will be taken to the checkout screen to complete your transaction.

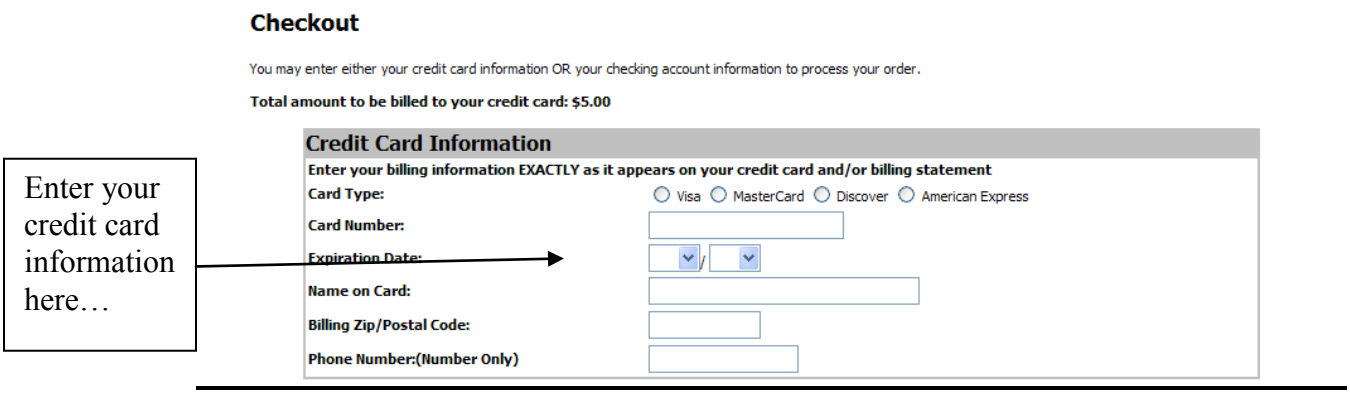


Click here to submit the reconciliation

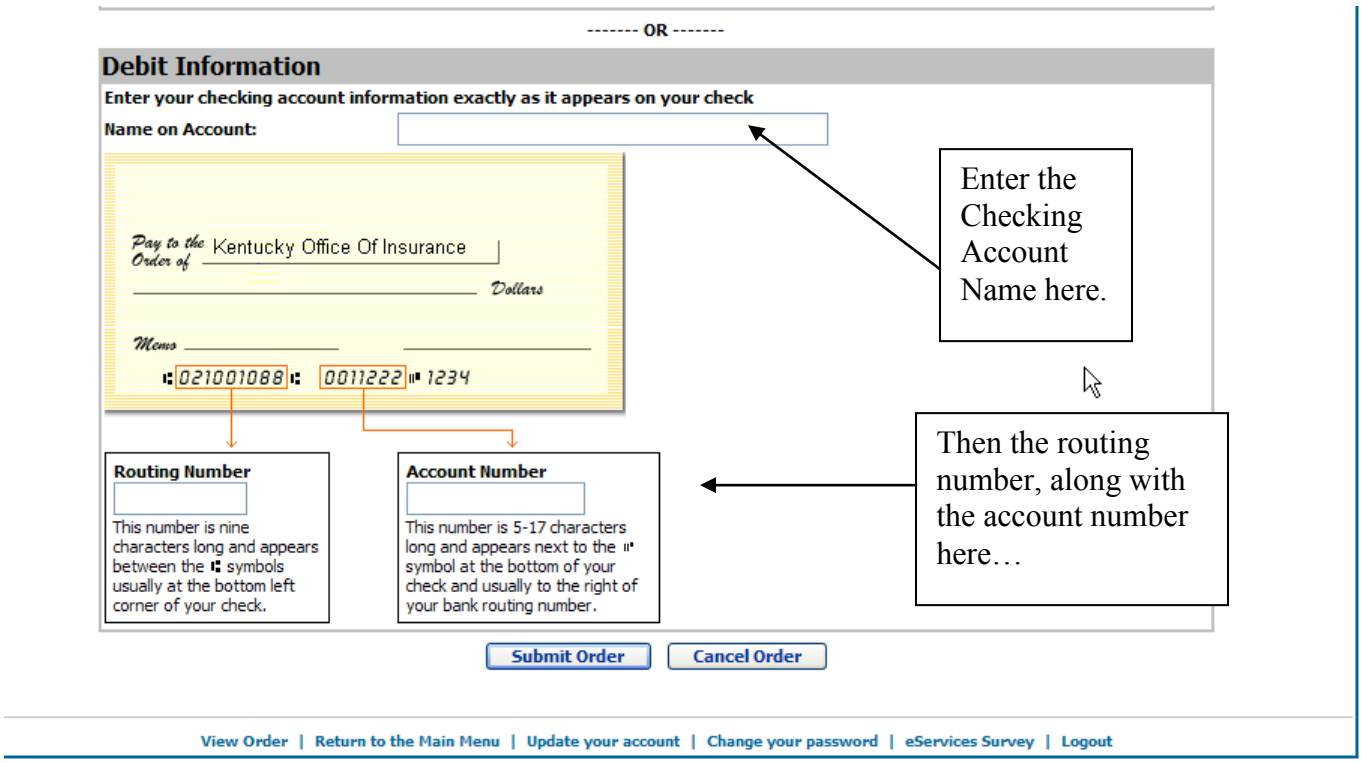
IMPORTANT: You must complete the checkout process for the data to transmit.

The payment screen will display…..

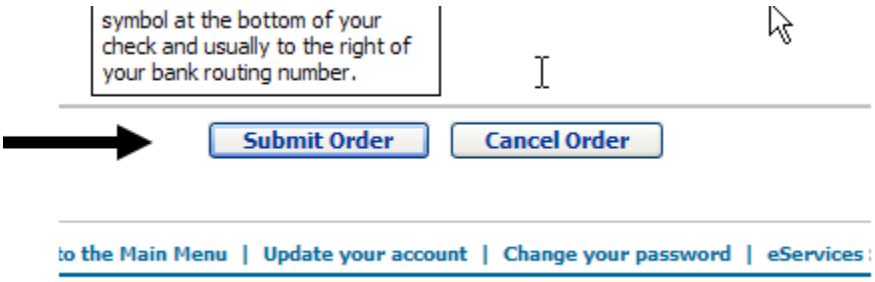
You will either need to pay via Credit Card…



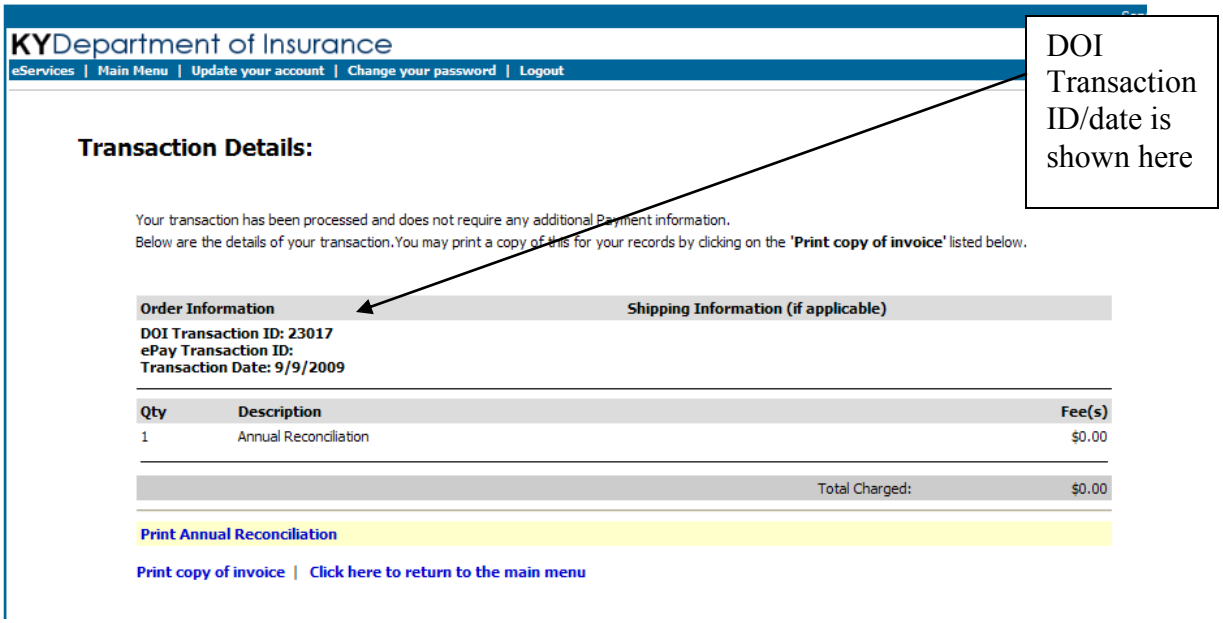
Or via Debit…



After completing either, click 'Submit Order' to proceed.



You will get a final transaction screen to show the completion of your order….



You may also accomplish a few other things with this form….

KYDepartment of Insurance

eServices | Main Menu | Update your account | Change your password | Logout

Transaction Details:

Your transaction has been processed and does not require any additional Payment information.
Below are the details of your transaction.You may print a copy of this for your records by clicking on the **'Print copy of invoice'** listed below.

Order Information	Shipping Information (if applicable)
DOI Transaction ID: 23017 **ePay Transaction ID:** **Transaction Date: 9/9/2009**	

Qty	Description	Fee(s)
1	Annual Reconciliation	$0.00
	Total Charged:	$0.00

Print Annual Reconciliation

Print copy of invoice | **Click here to return to the main menu**

You can print a copy of your transaction data by clicking here.
(Print Annual Reconciliation)

KYDepartment of Insurance

eServices | Main Menu | Update your account | Change your password | Logout

Annual Reconciliation

Entity / User Details	
DOI Number 300363	**Individual / Entity Name**
User Last Name Adabala	**User Middle Name**

Annual Reconciliation Filer Data

Name	dfgdsf, ggs dfgsdf	**Address**	
Phone		**Email**	
Local Government Name		Ashland	

Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle
1000	200	200	200	0	200

Return to the Main Menu | Update your account | Change yo

Print copy of invoice generally works as a screen print to document your transaction id.

KYDepartment of Insurance

eServices | Main Menu | Update your account | Change your password | Logout

Transaction Details:

Your transaction has been processed and does not require any additional Payment information.
Below are the details of your transaction.You may print a copy of this for your records by clicking on the **'Print copy of invoice'** listed below.

Order Information	Shipping Information (if applicable)
DOI Transaction ID: 23017 **ePay Transaction ID:** **Transaction Date: 9/9/2009**	

Qty	Description	Fee(s)
1	Annual Reconciliation	$0.00
	Total Charged:	$0.00

Print Annual Reconciliation

Print copy of invoice | **Click here to return to the main menu**

To finish up….click here, to take you back to the main menu.

KYDepartment of Insurance

eServices | Main Menu | Update your account | Change your password | Logout

eServices

- Annual Reconciliation
- View Transaction History

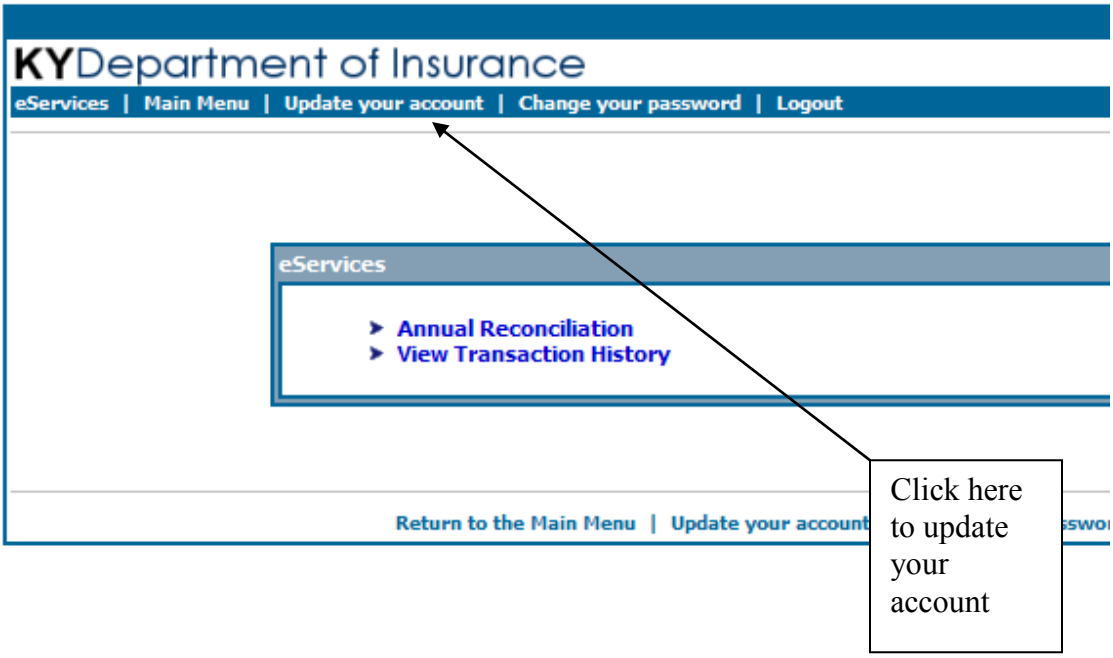
Return to the Main Menu | Update your account | Char

Your LGT-140/Annual Reconciliation is complete.

ACCOUNT MAINTENANCE

There are tools in the account that allow you to update your information, or change your password.

Updating Your Account



Update Account Information

Update Account Information - updates eServices account information only.

Updating your address on this profile does not update your official record with the department. You must complete "Record Correction Form 8303" on the eServices menu.

User Name	Annrec2009
Password	******* (To change your password, **Click here**)
First Name	V
Middle Name	
Suffix Name	
Last Name	A (DO NOT ADD SUFFIX: JR, SR, etc)
Phone	Extn (Numbers Only)
Email	pa.ada@ky.gov (include the .com, .net or .org - accounts with invalid e-mail addresses will be removed)
Address Line1	215 West Main St.
Address Line2	
City	Frankfort
State	KY Zip 40601
Security Question	Your Mother's Maiden Name
Answer	IIIII

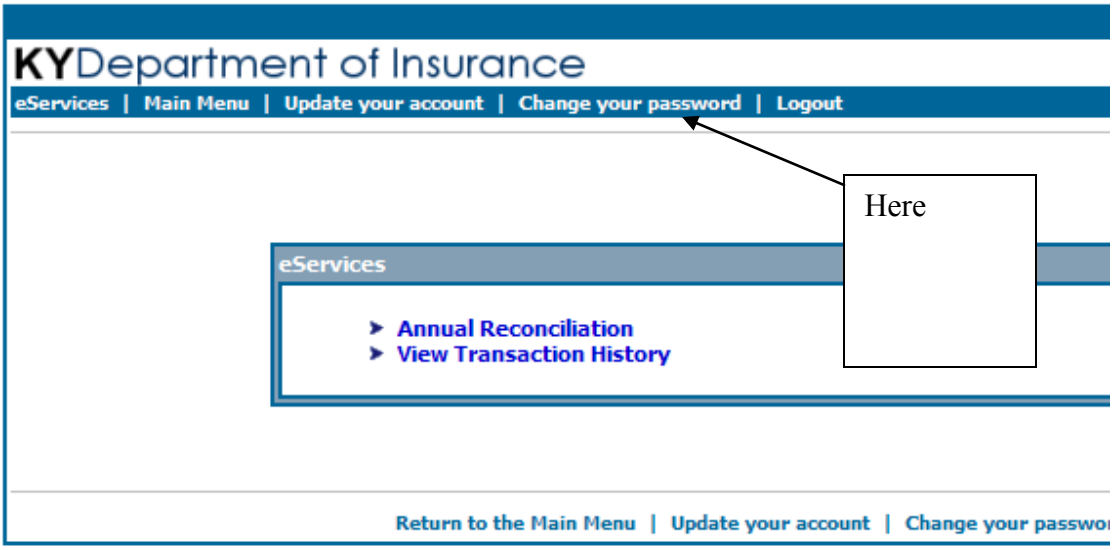
Update Account Cancel

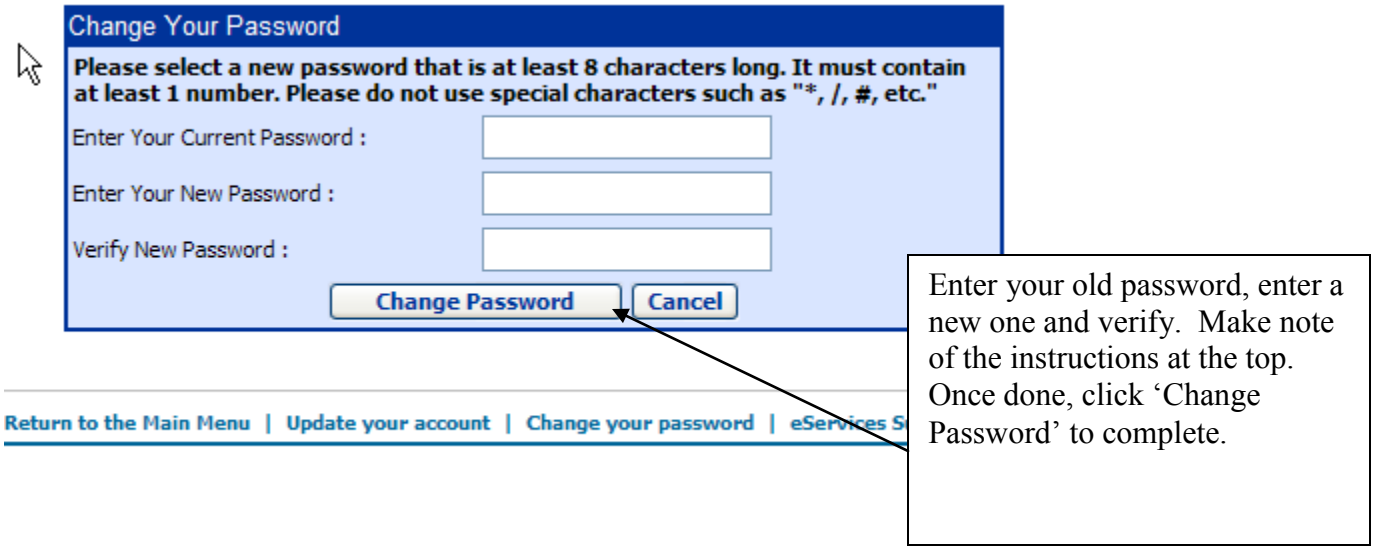
Make any changes to the data here…

Then click 'Update Account' here to finalize the changes.

Changing Your Password

Click here, to change your password.

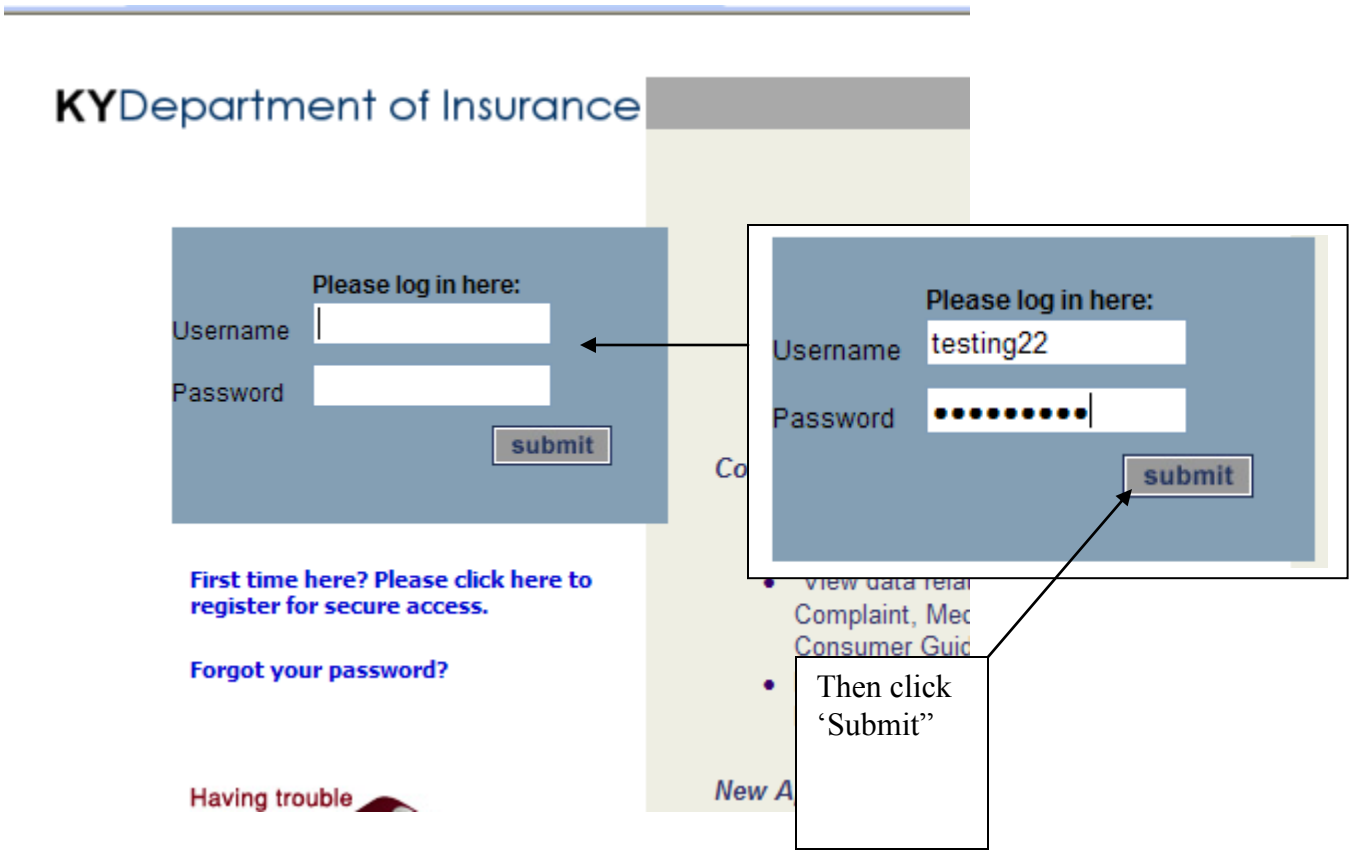




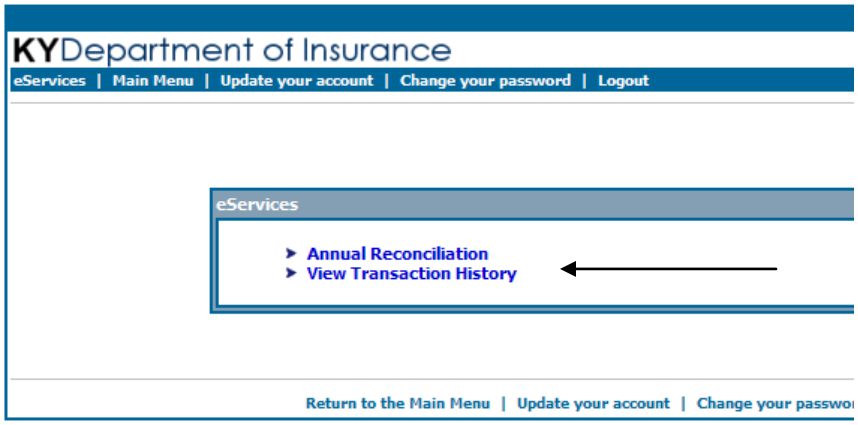
VIEWING TRANSACTION HISTORY

With this tool, you may take a look at prior transactions sent from the account.

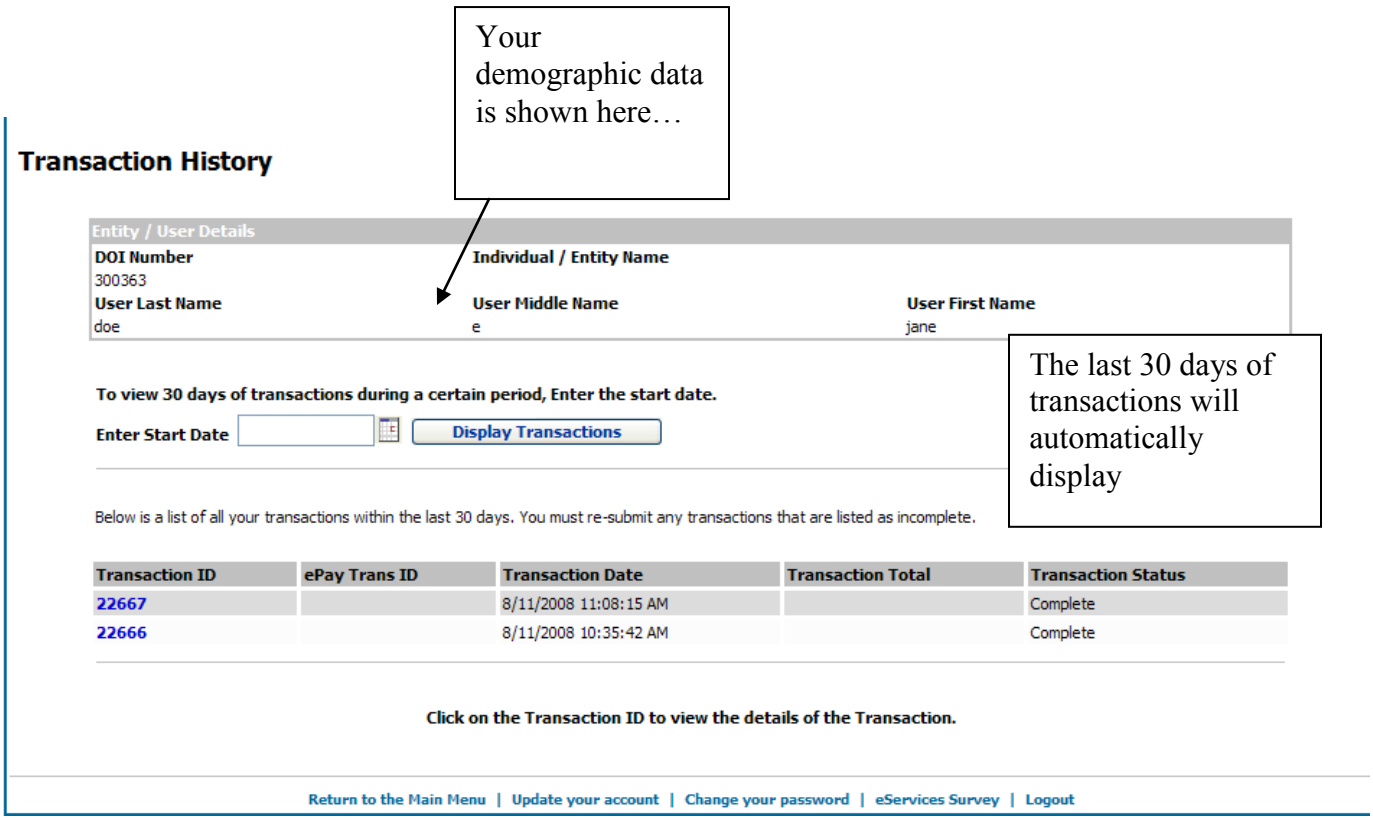
First, log into E-Services…



The following screen should display…



After clicking 'View Transaction History' the following screen will present…



You may also search further back, by utilizing the tool shown here.

KYDepartment of Insurance

eServices | Main Menu | Update your account | Change your password | Logout

Calendar - Windows Int...

Select a date by clicking on a day.

August 2008

S	M	T	W	T	F	S
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Transaction History

Entity / User Details

DOI Number 300363 **Individual / Entity Name**

User Last Name doe **User Middle Name** e

To view 30 days of transactions during a certain period, Enter the start date.

Enter Start Date **Display Transactions**

Click here..

To display the calendar. This will allow you to enter a new begin date to search by, which will set the search parameter from the begin date, to current.

After the date has been set, click 'Display Transactions' to list the result in the grid, as shown below.

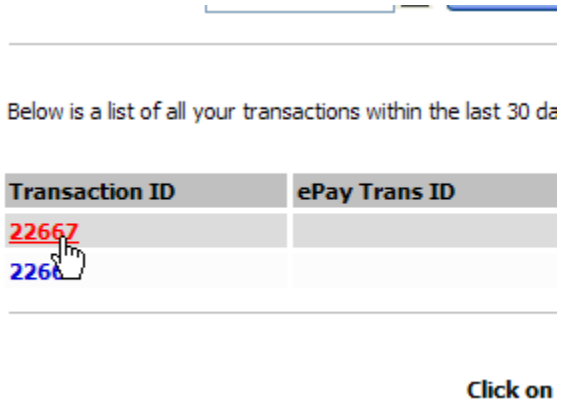
Enter Start Date **Display Transactions**

Below is a list of all your transactions within the last 30 days. You must re-submit any transactions that are listed as incomplete.

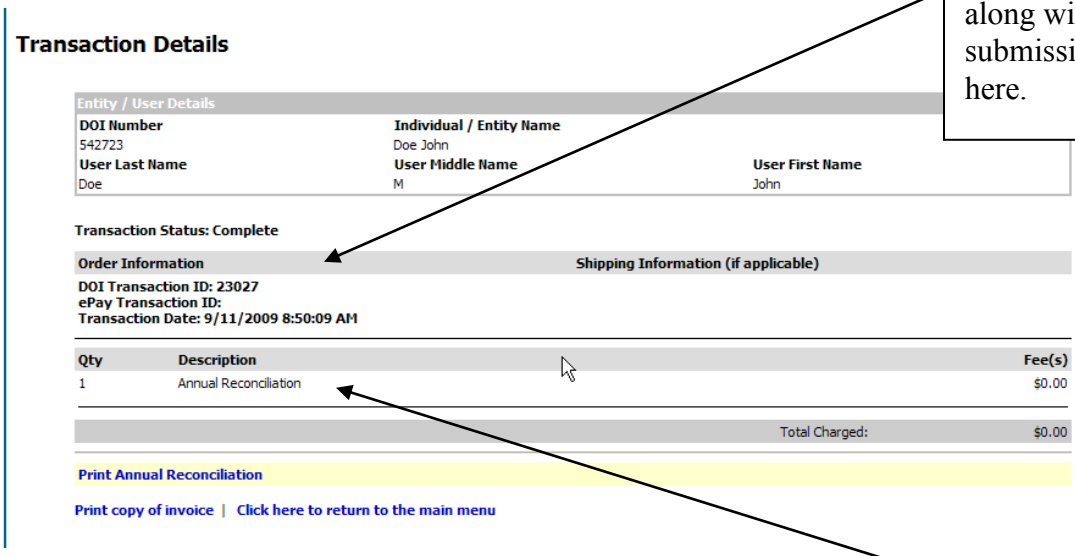
Transaction ID	ePay Trans ID	Transaction Date	Transaction Total	Transaction Status
22667		8/11/2008 11:08:15 AM		Complete
22666		8/11/2008 10:35:42 AM		Complete

Click on the Transaction ID to view the details of the Transaction.

To review a record displayed in the grid, click the Transaction ID.



Which will display the following screen.



The transaction ID, along with the date of submission will display here.

A description of the transaction is presented here.

Transaction Details

Entity / User Details		
DOI Number	**Individual / Entity Name**	
542723	Doe John	
User Last Name	**User Middle Name**	**User First Name**
Doe	M	John

Transaction Status: Complete

Order Information	Shipping Information (if applicable)
DOI Transaction ID: 23027 **ePay Transaction ID:** **Transaction Date: 9/11/2009 8:50:09 AM**	

Qty	Description	Fee(s)
1	Annual Reconciliation	$0.00
	Total Charged:	$0.00

Print Annual Reconciliation

Print copy of invoice | **Click here to return to the main menu**

You may also review your data..

Annual Reconciliation

Entity / User Details		
DOI Number	**Individual / Entity Name**	
542723	Doe John	
User Last Name	**User Middle Name**	**User First Name**
Doe	M	John

Annual Reconciliation Filer Data

Name	dfggd, dsgsdg	**Address**	dfgsd , sdfgdg KY 334434
Phone		**Email**	

Unauthorized Insurer Name				**Acceptance Indemnity Insurance Company**			
Local Government Name				Mayfield			
Casualty	**Fire&Allied Lines**	**Health**	**Inland Marine**	**Life**	**Motor Vehicle**	**All Other Risks**	**Annual Premi**
100	50	50	50	50	50	50	5000
Unauthorized Insurer Name				**Admiral Insurance Co**			
Local Government Name				Louisville			
Casualty	**Fire&Allied Lines**	**Health**	**Inland Marine**	**Life**	**Motor Vehicle**	**All Other Risks**	**Annual Premi**
15	15	15	15	15	151	15	15
Unauthorized Insurer Name				**Arch Excess & Surplus Insurance**			
Local Government Name				Bowling Green			
Casualty	**Fire&Allied Lines**	**Health**	**Inland Marine**	**Life**	**Motor Vehicle**	**All Other Risks**	**Annual Premi**
10	101	10	10	101	10	10	10

Transaction Details

Entity / User Details		
DOI Number	**Individual / Entity Name**	
542723	Doe John	
User Last Name	**User Middle Name**	**User First Name**
Doe	M	John

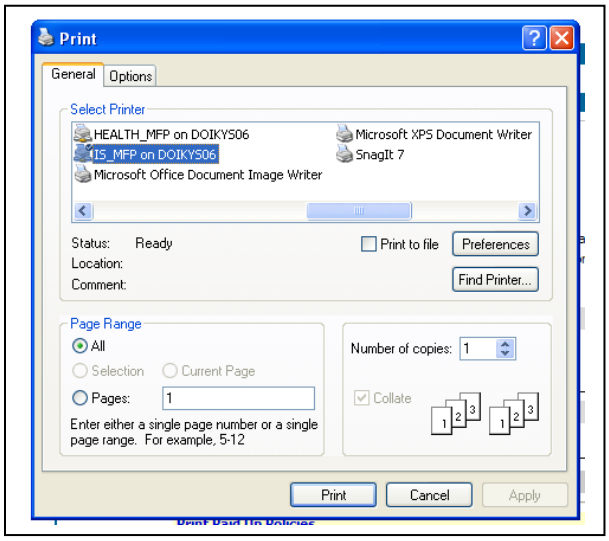
Transaction Status: Complete

Order Information	Shipping Information (if applicable)
DOI Transaction ID: 23027 **ePay Transaction ID:** **Transaction Date: 9/11/2009 8:50:09 AM**	

Qty	Description	Fee(s)
1	Annual Reconciliation	$0.00
	Total Charged:	$0.00

Print Annual Reconciliation

Print copy of invoice | **Click here to return to the main menu**



Or print a copy of your invoice…

To return to the main menu…

Click here

Transaction Details

Entity / User Details		
DOI Number	**Individual / Entity Name**	
542723	Doe John	
User Last Name	**User Middle Name**	**User First Name**
Doe	M	John

Transaction Status: Complete

Order Information	Shipping Information (if applicable)
DOI Transaction ID: 23027 **ePay Transaction ID:** **Transaction Date: 9/11/2009 8:50:09 AM**	

Qty	Description	Fee(s)
1	Annual Reconciliation	$0.00
	Total Charged:	$0.00

Print Annual Reconciliation

Print copy of invoice | **Click here to return to the main menu**

KYDepartment of Insurance

eServices | Main Menu | Update your account | Change your password | Logout

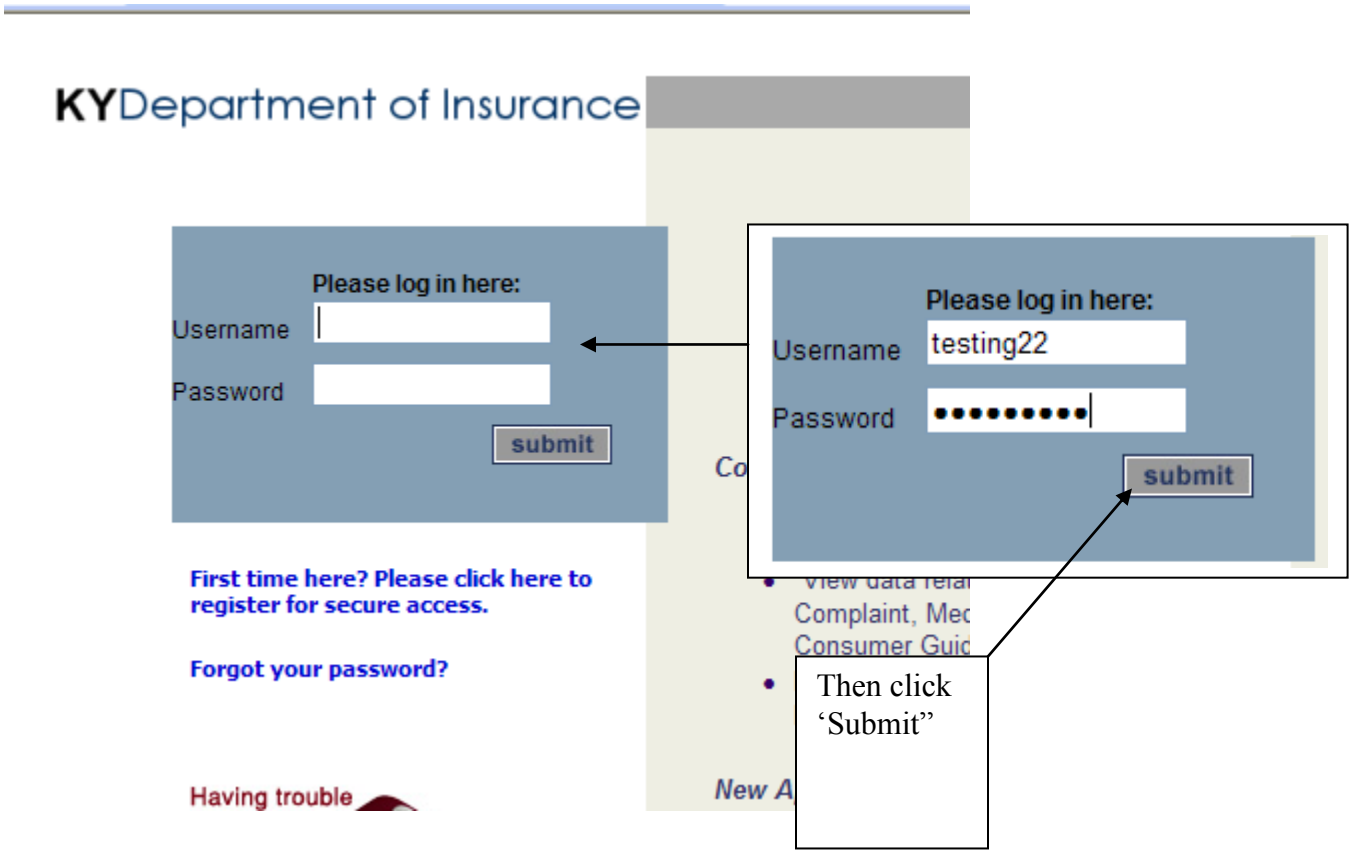
eServices

- Annual Reconciliation
- View Transaction History

Return to the Main Menu | Update your account | Change your passwo

To Complete An Incomplete Transaction

Log into E-Services…



The following screen should display…

Click View Transaction History…

After clicking ‘View Transaction History’ the following screen will present…

Your demographic data is shown here…

Transaction History

Entity / User Details

DOI Number	Individual / Entity Name	
300363		
User Last Name	**User Middle Name**	**User First Name**
doe	e	jane

The last 30 days of transactions will automatically display

To view 30 days of transactions during a certain period, Enter the start date.

Enter Start Date [ ] [Display Transactions]

Below is a list of all your transactions within the last 30 days. You must re-submit any transactions that are listed as incomplete.

Transaction ID	ePay Trans ID	Transaction Date	Transaction Total	Transaction Status
22667		8/11/2008 11:08:15 AM		Complete
22666		8/11/2008 10:35:42 AM		Complete

Click on the Transaction ID to view the details of the Transaction.

Return to the Main Menu | Update your account | Change your password | eServices Survey | Logout

If a transaction is incomplete, it will display here.

Transaction History

Entity / User Details		
DOI Number	**Individual / Entity Name**	
542723	Doe John	
User Last Name	**User Middle Name**	**User First Name**
Doe	m	John

To view 30 days of transactions during a certain period, Enter the start date.

Enter Start Date Display Transactions

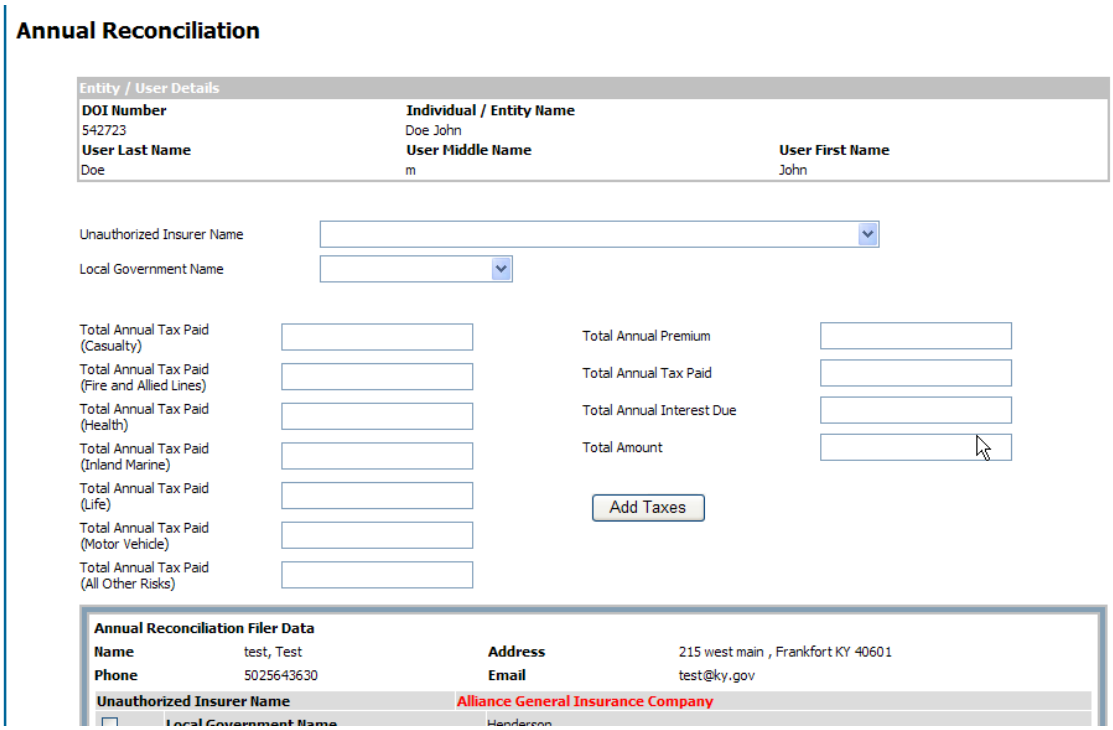
Click 'Complete' to Complete an Incomplete Transaction.

Below is a list of all your transactions within the last 30 days. You must re-submit any transactions that are listed as incomplete.

Transaction ID	ePay Trans ID	Transaction Date	Transaction Total	Transaction Status
208064		01/29/2010	5	Incomplete [Complete]
207743		01/28/2010		Complete
207300		01/27/2010		Incomplete
205858		01/21/2010		Incomplete
205853		01/21/2010	5	Incomplete
204668		01/13/2010	5	Incomplete

Click on the Transaction ID to view the details of the Transaction.

To complete the transaction, click “Complete”. The data previously entered will display.



This will take you to the initial screen, allowing you to review your previous work. If there are no changes, click here.

(Fire and Allied Lines)

Total Annual Tax Paid (Health)

Total Annual Tax Paid (Inland Marine)

Total Annual Tax Paid (Life)

Total Annual Tax Paid (Motor Vehicle)

Total Annual Tax Paid (All Other Risks)

Total Annual Interest Due

Total Amount

Add Taxes

Annual Reconciliation Filer Data

Name	test, Test	**Address**	215 west main , Frankfort KY 40601
Phone	5025643630	**Email**	test@ky.gov

Unauthorized Insurer Name	**Alliance General Insurance Company**								
☐	**Local Government Name**	Henderson							
Casualty	**Fire&Allied Lines**	**Health**	**Inland Marine**	**Life**	**Motor Vehicle**	**All Other Risks**	**Annual Premium**	**Annual Interest**	**Total Annual Tax**
125		23			12		4500	45	205

Unauthorized Insurer Name	**American Safety Insurance Company**								
☐	**Local Government Name**	Hopkinsville							
Casualty	**Fire&Allied Lines**	**Health**	**Inland Marine**	**Life**	**Motor Vehicle**	**All Other Risks**	**Annual Premium**	**Annual Interest**	**Total Annual Tax**
12		34		12			12300	23	81

Delete

Submit Annual Reconciliation

Add Taxes for Additional Carriers

Submit Annual Reconciliation

This screen will give you a last review of your submission.

Annual Reconciliation

Entity / User Details

DOI Number	Individual / Entity Name	
542723	Doe John	
User Last Name	**User Middle Name**	**User First Name**
Doe	m	John

Annual Reconciliation Filer Data

Name	test, Test	**Address**	215 west main , Frankfort KY 40601
Phone	5025643630	**Email**	test@ky.gov

Unauthorized Insurer Name	Alliance General Insurance Company							
Local Government Name	Henderson							
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premium	Annual Interest	Total Annual Tax
125		23			12		4500	45	205

Unauthorized Insurer Name	American Safety Insurance Company							
Local Government Name	Hopkinsville							
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premium	Annual Interest	Total Annual Tax
12		34		12			12300	23	81

Check Out

To continue, click here.

To continue to checkout, click here.

Transaction / Order Information

To remove any item from your order, click on the checkbox and press "Update Order".

Entity / User Details

DOI Number	Individual / Entity Name	
542723	Doe John	
User Last Name	**User Middle Name**	**User First Name**
Doe	m	John

Forms Completed by User: [Satish007]

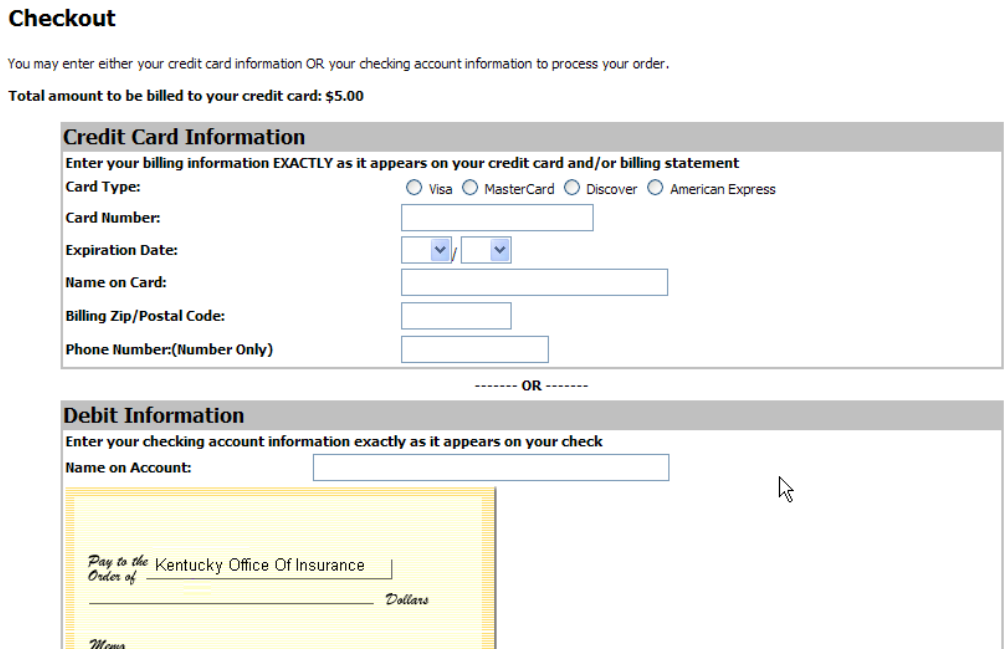
Remove	Description	Fee(s)
☐	Annual Reconciliation	$5.00
	Total Amount Due	**$5.00**

Please note: You must checkout to complete your transaction, even if your "Total Amount Due" is 0.
If the total amount due is more than $1500.00, you can only checkout via Debit (ACH) payment method.

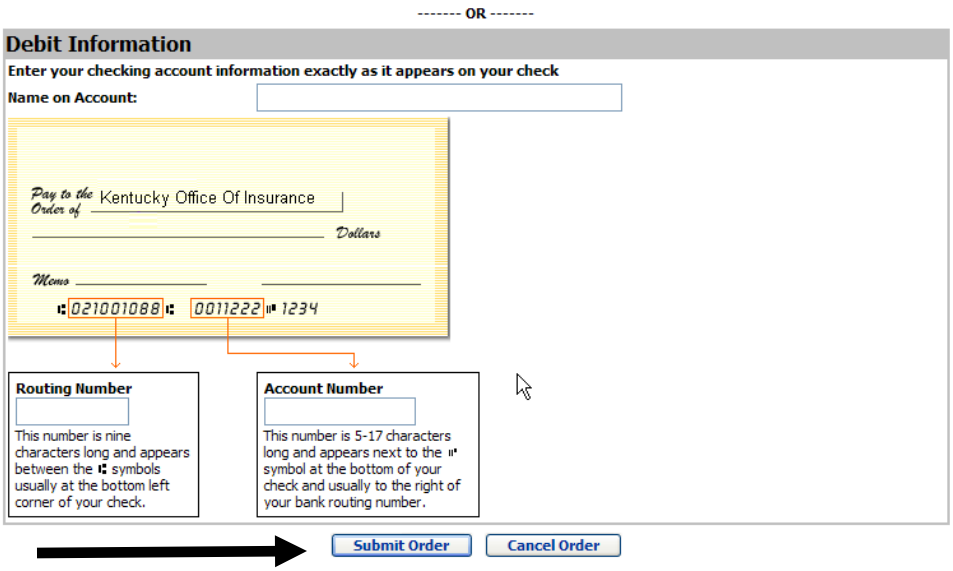
Update Order | Checkout to Submit Transaction/Complete Order | Continue Shopping/Return to Menu | Cancel Order

View Order | Return to the Main Menu | Update your account | Change your password | eServices Survey | Logout

Enter your $5 filing fee here.



Once finished, click here to complete.



You submission is complete.