

CY 2016

**Kentucky Workers' Compensation Funding Commission
Annual Audit and Collections Report
Reporting Period – CY 2016**

Non-Writer Statement

(Non-Writer of Kentucky Workers' Compensation)

If your insurance company did not write, receive or return any Kentucky workers' compensation insurance premium during calendar year 2016, complete and return this form by April 30, 2017, to:

**Kentucky Workers' Compensation Funding Commission
#42 Mill Creek Park
P.O. Box 1128
Frankfort, Kentucky 40602-1128**

Name and address of Insurance Company	Period Covered by Report January 1, 2016 through December 31, 2016		
	FEIN Number:	NAIC Number:	NAIC Group Number:
	Name and Phone Number of Contact Person		
<p>The undersigned certifies that the above named insurance company did not write, receive or return premium for Kentucky workers' compensation coverage for the period from January 1, 2016 through December 31, 2016.</p> <p align="center">_____</p> <p align="center">President or Authorized Representative</p> <p align="center">_____</p> <p align="center">Title</p> <p align="center">_____</p> <p align="center">Date</p>			