KWCFC-07 Rev. 12/2015

KENTUCKY WORKERS' COMPENSATION FUNDING COMMISSION 2015 ANNUAL AUDIT AND COLLECTIONS REPORT INDIVIDUAL SELF INSURER

(KRS 342.122)

			(1110 042.122	•)					
Name of Company as Listed with Department of Workers' Claims					Federal Employers' ID Number (FEIN)				
Address (Number, Street, Post Office Box) Address Change			Address Change	Contact Person (Person Preparing Report) Name:					
City State		Zip Code	Title: Phone Number:						
If authorized to carry own risk covered entities <u>with</u> Kentucky workers' compensation exposure in Calendar Year 2015 other than, or in addition to, the entity listed above, complete the section below starting with line 2.									
Name and Address Of Entity	* Use Codes From Below	SIC Code	Federal Employers' Identification Number (FEIN)		2015 Payroll With Kentucky Workers' Compensation Exposure	Average Number of Employees			
Company and Address Listed Above	1		See Above		\$				
Codes: 2 = Subs 3 = Divis 4 = D/B/A	idiary ion of A of list ractor	of listo flisted sted co	ed company company		f necessary of Workers' Claims				

Complete this report and send to address below by April 30, 2016
Kentucky Workers' Compensation Funding Commission
#42 Mill Creek Park, P.O. Box 1128, Frankfort, Kentucky 40602-1128
(502) 573-3505

Continuation Sheet Annual Audit and Collections Report Individual Self-Insurer (KRS 342.122)

Name and Address Of Entity	* Use Code	SIC Code	Federal Employers' Identification Number (FEIN)	2015 Payroll With Kentucky Workers' Compensation Exposure	Average Number of Employees