

KENTUCKY WORKERS' COMPENSATION FUNDING COMMISSION NON-WRITER STATEMENT

Reporting Period: CY _____

If your company is licensed to, but did not write, receive, or return any Kentucky workers' compensation insurance premium for CY _____, complete and return this form by June 30th to:

**Kentucky Workers' Compensation Funding Commission
42 Mill Creek Park
Frankfort, Kentucky 40601**

OR

Email to: kwcfinfo@ky.gov

| | | | |
|--|---|---------------|--|
| Company Name | Period Covered by Report January 1, _____ through December 31, _____ | | |
| Address | FEIN Number: | NAICS Number: | NAICS Group Number: |
| City | State | Zip Code | Contact Person Name: Contact Person Phone Number: |
| <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, _____ through December 31, _____.</p> <p>_____</p> <p style="text-align: center;">President or Authorized Representative</p> <p>_____</p> <p style="text-align: center;">Title</p> <p>_____</p> <p style="text-align: center;">Date</p> | | | |