



Annual Premium Tax Form
Oklahoma Insurance Department

For the year ending December 31, 2014

Check appropriate box:

Original Filing Amended Filing

Due March 1, 2015 to:

Oklahoma Insurance Department
Financial Division-Premium Tax Unit
3625 N.W. 56th Street, Suite 100
Oklahoma City, Ok 73112

Section A: Captive Insurance Company Information

Company Name Oklahoma License # NAIC #
Address(1) Address(2) State of Domicile
City State Zip Code Preparer's Name and Phone # (with extension)
E-mail address

Section B: Tax Liability and Fee Computation

Oklahoma Basis
1 Net Direct Written Premium Line 1
2 Total Assumed Premiums Line 2
Line 1 + 2 = Line 3
6a Premium tax liability due used in calculating 2014 estimated payments
6b Prior Year Overpayment Applied to future taxes
6c Current Year Prepayment
6d Total Prepayments (line 6b and 6c)
6e Premium Tax Due (Line 6a less 6d) if negative enter the amount to be refunded
6f Amount to be refunded 6g Apply to future taxes
7 Annual License Renewal Fee (per 36 O.S. §6470.3(D)) \$300.00
8 Total Taxes and Fees (Lines 1 through 7)
This is to be the amount of the check enclosed. Check cannot be less than the total of lines 1 through 7.

Attach voucher and check here

Section C: Notary Certificate

By signing below, I certify that I have reviewed this filing and the information contained herein. I further certify that the information contained herein is correct and complete, to the best of my knowledge.

President (Signature) Secretary (Signature)
President (Type or Print) Secretary (Type or Print)

Signed and sworn to before me by the President and Secretary of
on State of: County of:
Notary (Signature) , Notary Public. My Commission Expire

[SEAL]