OKLAHOMA DEPARTMENT OF INSURANCE
ANNUAL STATEMENT FILINGS

General Information for Annual Statement Filings

The Oklahoma Insurance Department no longer mails Annual Filing Instruction Packages to licensed insurers. Companies may obtain all necessary forms and filing information directly from our website at:

http://www.oid.ok.gov

At the top of our home page, go to Financial/2013 Annual Statement Filings. Click on "Financial Forms" on the top green icon and then click on the type of company to download the forms.

Companies may request a hard copy of the Annual Filing Instruction Packages by contacting the Financial Division of the Oklahoma Insurance Department at (405) 521-3966; by e-mail at the following address: gail.lopresto@oid.ok.gov; or by mail at:

Oklahoma Insurance Department
Financial Division – Premium Tax Unit
Five Corporate Plaza
3625 N.W. 56th Street, Suite 100
Oklahoma City, OK 73112

Things to Remember

1. Pursuant to 36 O.S. §624(A)(2), a reduction in taxable premium will be allowed only for premiums paid by a county, city, town or school district or by their duly constituted authorities performing a public service. Premiums paid by other state agencies do not qualify.
2. No electronic filings are required or accepted for annual statements. Foreign companies are required to file a Jurat Page unless the Oklahoma Insurance Department issues a written request for the company to file hard copies. Domestic companies must file hard copies for both annual and quarterly filings.
3. Several credit lines were added to the premium tax return. Please note that there is a worksheet provided in the instructions for the Home Office Credit, Venture Capital Credit, Historic Rehabilitation Credit, and OCIB Credit. This form can be e-mailed upon request in excel format for use in calculating these credits. Contact gail.lopresto@oid.ok.gov for the copy of the excel worksheet.
   Each credit must be accompanied by proper documentation to receive the credit and credits used on lines 6c thru 6i will need to be verified by two officers of the company.(See Form)
4. The Life and Health Guaranty Credit is given pursuant to 36 O.S. §2030(I). The Oklahoma Life Guaranty Association will provide each eligible company with a letter in December as to the amount of credit that can be taken on the annual return. If you feel there is an error in the computation of the company credit for this year, please contact the Oklahoma Life and Health Guaranty Association at (405) 272-9221. The Oklahoma Department of Insurance does not have jurisdiction over these credits.

5. The Property and Casualty Guaranty Credit is given pursuant to 36 O.S. §625.4(A). The Oklahoma Property and Casualty Guaranty Association will provide each eligible company with a letter in December as to the amount of credit that can be taken on the annual return. If you feel there is an error in the computation of the company credit for this year, please contact the Oklahoma Property and Casualty Guaranty Association at (405) 843-5454. The Oklahoma Department of Insurance does not have jurisdiction over these credits.
6. The state checklist is essential in completing and submitting all necessary state filings. Please include a copy of the checklist on top of each filing. The Oklahoma ID number must appear on each page of the filings (four-digit license number located on each license.) Forms must appear in the order stated on the checklist. Any additional submissions should be attached to the end of the filing packet.

RISK RETENTION GROUPS

COMPANY NAME: _____ **NAIC Company Code:**_____
Contact: _____ **Telephone:** _____
REQUIRED FILINGS IN THE STATE OF: Oklahoma **Filings Made During the Year 2014**

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES* Domestic State	Domestic NAIC	Foreign State	(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½" x 14")	1	EO	xxx	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	1	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	
	3	Protected Cell Annual Statement	1	0	xxx	3/1	NAIC	
	4	Combined Annual Statement (8 ½" x 14")	1	EO	xxx	5/1	NAIC	
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	
	11	Actuarial Opinion	1	EO	xxx	3/1	Company	
	12	Actuarial Opinion Summary	1	N/A	xxx	3/15	Company	
	13	Bail Bond Supplement	1	EO	xxx	3/1	NAIC	
	14	Combined Insurance Expense Exhibit	1	EO	xxx	5/1	NAIC	
	15	Credit Insurance Experience Exhibit	1	EO	xxx	4/1	NAIC	
	16	Director and Officer Insurance Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	17	Exceptions to Reinsurance Attestation Supplement	1	N/A	xxx	3/1	Company	
	18	Financial Guaranty Insurance Exhibit	1	EO	xxx	3/1	NAIC	
	19	Health Care Exhibit (Parts 1, 2 and 3) Supplement	1	EO	xxx	4/1	NAIC	
	20	Health Care Exhibit's Allocation Report Supplement	1	EO	xxx	4/1	NAIC	
	21	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	
	22	Insurance Expense Exhibit	1	EO	xxx	4/1	NAIC	
	23	Long-Term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	24	Management Discussion & Analysis	1	EO	xxx	4/1	Company	
	25	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	
	26	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	27	Premiums Attributed to Protected Cells Exhibit	1	EO	xxx	3/1	NAIC	
	28	Reinsurance Attestation Supplement	1	EO	xxx	3/1	Company	
	29	Reinsurance Summary Supplemental	1	EO	xxx	3/1	NAIC	
	30	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	
	31	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	32	Supplement A to Schedule T	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	33	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	34	Trusteed Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	50	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	51	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	52	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	
	53	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	
	54	Combined Annual Statement Electronic Filing	xxx	EO	xxx	5/1	NAIC	
	55	Combined Annual Statement .PDF Filing	xxx	EO	xxx	5/1	NAIC	
	56	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	57	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	58	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	59	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	60	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	71	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	72	Audited Financial Reports	1	EO	xxx	6/1	Company	
	73	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	12/1	Company	
	74	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	
	75	Independent CPA (change)	1	N/A	N/A	12/1	Company	

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	76	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	
	77	Notification of Adverse Financial Condition	1	N/A	N/A	Within 10 days of finding	Company	
	78	Request for Exemption to File	1	N/A	N/A	12/1	Company	
	79	Request to File Consolidated Audited Annual Statements	1	N/A	N/A	12/1	Company	
	80	Relief from the five-year rotation requirement for lead audit partner	1	EO	xxx	3/1	Company	
	81	Relief from the one-year cooling off period for independent CPA	1	EO	xxx	3/1	Company	
	82	Relief from the Requirements for Audit Committees	1	EO	xxx	3/1	Company	
		V. STATE REQUIRED FILINGS* **						
	101	Certificate of Compliance	0	0	1	3/1	State	
	102	Certificate of Deposit	0	0	1	3/1	State	
	103	Filings Checklist (with Column 1 completed)	0	0	1	3/1	State	
	104	Premium Tax Return with Payment Voucher including a copy of the State Page (OPTins available)	1	0	1	3/1	State	M,O,P, R
	105	Agreement and Application Form	1	0	1	3/1	State	G, N
	106	Certificate of Compliance of Advertisement	1	0	1	3/1	NAIC	N
	107	Publication Notice (only CO, GA, IN, ND, SD, and OH)	0	0	1	3/1	State	
	108	WCPR Form 3000	1	0	1	3/1	State	
	109	High Risk Pool	1	0	1	3/1	State	
	110	Uniform Consent to Service of Process (with separate payment)	0	0	If Applic able	3/1	State	G
	111	Annual Statement (Hard Copy Format)	1	0	0	3/1	NAIC	
	112	Supplemental Filings	1	0	0	3/1	State	
	113	Quarterly Estimated Premium Tax Payments with Payment Vouchers (OPTins available)	1	0	1	4/15, 6/15, 9/15, 12/15	State	R
	114	Holding Company Registration (Form B & C) and fee	1	0	0	5/1	State	S
	115	Jurat Page with Original (wet) Signatures	xxx	0	1	3/1	NAIC	L

***If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).**
****If Form Source is NAIC, the form should be obtained from the appropriate vendor.**
*****For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL:**
http://www.naic.org/public_lead_state_report.htm

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	Required Filings Contact Person:	Financial Division – Premium Tax Division (405) 521-3966
	B	Mailing Address:	Via U.S. Mail or Courier: Oklahoma Insurance Department Financial Division – Premium Tax 5 Corporate Plaza 3625 NW 56th St., Suite 100 Oklahoma City, OK 73112
	C	Mailing Address for Filing Fees:	Same as B.
	D	Mailing Address for Premium Tax Payments:	Same as B.
	E	Delivery Instructions:	E-1: All filings are due on or before the dates indicated. E-2: Postmarks are acceptable. If the due date falls on a weekend or a holiday, the deadline is extended to the next business day. Metered mail must have a manually applied postmark to qualify as acceptable proof of mailing date.
	F	Late Filings:	A penalty of the greater of $250.00 or $100.00 per day will be assessed for late filings. (36 O.S. §311.1(B)). Late tax payments will carry an additional penalty of 10% of the tax due plus 6% interest per annum until paid. (36 O.S. §630)
	G	Original Signatures:	Original (wet) signatures are required on all documents requiring a signature.
	H	Signature/Notarization/Certification:	Domestic insurers: Notarized signatures are required with the Company Seal on the Jurat Page of the Annual and Quarter Statements.
	I	Amended Filings:	Amended items must be filed within 10 days of their amendment, along with an explanation. Signature requirements are covered in H. Electronic filings of the corrections must be filed with NAIC.
	J	Exceptions from normal filings:	Foreign Companies must provide a written copy of any exemption or extension received from its State of Domicile at least 10 days prior to the filing due date in order to receive such from Oklahoma. Domestic Companies must apply prior to December 1 to receive exemption.
	K	Bar Codes (State or NAIC):	Follow the directions in the NAIC Annual Statement Instructions.
	L	Signed Jurat:	The Jurat Page must be notarized, have the Company Seal affixed, and have original (wet) signatures.
	M	NONE Filings:	"NONE" filings must be made. Failure to file a "NONE" document will be treated as a filing violation. The only exception is the Designation of Agent filing, which is only required if a change has occurred.
	N	Company Seal:	The Company Seal must be applied to the following documents for all Companies: Jurat Page; Agreement and Application for License; and Certificate of Advertisement.
	O	State Business Page:	A copy of the State Business Page must accompany the Premium Tax Return. See checklist for placement in packet. If the State Business Page is "NONE", then mark and file the page as "NONE".
	P	Payments of Licenses, Fees, and Taxes:	P-1: Premium Tax Return payments must be attached to the 1st page of the return along with the provided voucher. Include annual license fee, review fee, fire marshal tax, and retaliatory tax if applicable. (OPTins available) P-2: For late payment fee, see F above.
	Q	Premium Tax Forms:	Computer generated forms are acceptable as long as they are in the same format as Oklahoma's forms. (OPTins available)
	R	Worksheets:	Worksheets are provided to aid in the calculation of Home Office Credit, Venture Capital Credit, Historic Rehabilitation Credit, and OCIB Credit.

	S	Holding Company Filings:	ALL Holding Company filings MUST be filed electronically in PDF format in addition to the hard copy filing. This applies to Forms A, B, C, D, E, R, including all supplements/attachments thereto. The filings should be emailed to: HCAFilings@oid.ok.gov (The OID firewall limits total email size to 10MB or less. Use of secured website mail is NOT acceptable.)
	T	Regulatory Asset Adequacy Issue Summary (RAAIS): (ELECTRONIC FILING ONLY)	RAAIS filings MUST BE FILED ELECTRONICALLY in PDF format as an ATTACHMENT to an email addressed to: HCAFilings@oid.ok.gov (The OID firewall limits total email size to 10MB or less. Use of secured website mail is NOT ACCEPTABLE. Hard copy filings not needed.) If file is larger than 10MB, please call John McCarter at 405-521-3967 for instructions.

General Instructions
For Companies to Use Checklist

Please Note: **This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.**

Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The ***Annual Statement Electronic Filing*** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions.* This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The ***March .PDF Filing*** is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The ***Risk-Based Capital Electronic Filing*** includes all risk-based capital data.

The ***Risk -Based Capital .PDF Filing*** is the .pdf file for risk-based capital data.

The ***Supplemental Electronic Filing*** includes all supplements due April 1, per the *Annual Statement Instructions.*

The ***Supplemental .PDF Filing*** is the .pdf file for all supplemental schedules and exhibits due April 1.

The ***Quarterly Statement Electronic Filing*** includes the complete quarterly statement data.

The ***Quarterly Statement .PDF Filing*** is the .pdf file for quarterly statement data.

The ***Combined Annual Statement Electronic Filing*** includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The ***Combined Annual Statement .PDF Filing*** is the .pdf file for the combined annual statement data and the combined Insurance Expense Exhibit.

The ***June .PDF Filing*** is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions. If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.

Oklahoma Department of Insurance
Annual Filing Checklist
Risk Retention Groups

This checklist provides a format for filings required by the Oklahoma Department of Insurance. Using this form will aid the insurer in completing all the requirements as instructed and in the order necessary for processing by the Department.

_____ 1. Checklist completed.

_____ 2. Premium Tax Return (with original signatures notarized.)

_____ 3. Voucher and Check attached to Return

_____ 4. Copy of the State Page.

_____ 5. Certificate of Deposit or Valuation.

_____ 6. Certificate of Compliance.

_____ 7. Agreement and Application (with original signatures and seal.)

_____ 8. Certificate of Advertisement.

_____ 9. Jurat Page.

_____ 10. Financial Statements certified by an independent public accountant containing loss adjustment below.

_____ 11. Opinion on loss and loss adjustment expense by Actuary or qualified loss reserve specialist.

_____ 12. Uniform Consent to Service of Process. **Only** file if changing agents.

_____ 14. WCPR Form 3000 (Workers Compensation Writers Only.)

_____ 15. Publication Form and Advertisement Placed (Can be sent as late as May 1) **This only applies to the following states: Colorado, Georgia, Indiana, North Dakota, South Dakota and Ohio**. All other states send in the publication form marked "None" with the premium tax filing due March 1st.

_____ 16. Health Insurance High Risk Pool Form (if none, state "None" and return.)

_____17. Verification form for credits used on lines 6c thru 6i(with original signatures and seal)

Annual Premium Tax Form
Oklahoma Insurance Department

For the year ending December 31, 2013

Check appropriate box:

☐ Original Filing ☐ Amended Filing

Due March 1, 2014 to:

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

Section A: Risk Retention Group Company Information

Company Name _____ Oklahoma License # _____ NAIC # _____

Address(1) _____ Address(2) _____ Domicile _____

City _____ State _____ Zip Code _____ Preparer's Name and Phone # (with extension) _____

Section B: Tax Liability and Fee Computation

Complete Sections D and E First.

Attach voucher and check here

				Oklahoma Basis
1	Direct Written Premium			
2	Premium Credits to Public Service Authorities[1, 2] (per 36 O.S. § 624(A)(2))			
3	Federal Reinsured Crop Premiums[1]			
4	Taxable Premium (Line 1 less Lines 2 through 3)			
5	Premium Tax Liability before credits (Line 4 times 2.25 %)			
6	Credits			
6a	Life and Health Guaranty Fund Assessment Credit (per 36 O.S. § 2030 (I))			
6b	P&C Guaranty Fund Assessment Credit (per 36 O.S. § 625.4)			
6c	Rural Small Business Capital Credit[1] (per 68 O.S. §2357.73)			
6d	Small Business Capital Credit[1] (per 68 O.S. § 2357.62)			
6e	Coal Credit[1] (per 68 O.S. §2357.11)			
6f	Other Credits (state type _____)			
6g	Home Office Credit[1] (per 36 O.S. §625.1) See Worksheet			
6h	Venture Capital Credit[1] (per 68 O.S. § 2357.7) See Worksheet			
6i	Historic Rehabilitation Credit[1] (per 68 O.S. § 2357.41) See Worsheet			
6j	Total Credits (total of Lines 6a through 6i)			
6k	Net Premium Tax Liability (Line 5 less Line 6j) **used in calculating 2014 estimated payments**			
6l	Prior Year Overpayment Applied to future taxes (Line 8b of prior year return)			
6m	Current Year Prepayment (do not include credits)			
6n	Total Prepayments (Line 6l and Line 6m)			
7	Premium Tax Due (Line 6k less Line 6n) If **negative** enter the amount to be refunded or applied to future taxes on Line 8. If **positive** enter on line 8c.			
8a	Amount to be refunded _____ **8b** Apply to future taxes _____ .			
8c	Premium tax liability due carryforward from line 7 if **positive**.			
9	Not applicable to Risk Retention Groups			
10	Not applicable to Risk Retention Groups			
11	Fire Marshal Tax (From Section D, cannot be less than 0) (per 68 O.S. §50001)			
12	Retaliatory Tax (Section E, Line 23, cannot be less than 0) (per 36 O.S. §624.1 and 628)			
13	Total Taxes and Fees (Lines 8c through 12)			

This is to be the amount of the check enclosed. <u>Check cannot be less than the total of lines 8c through 12.</u>
Line 8a or 8b may not be used as a deduction for lines 9 through 12.

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 Public. My Commission Expires _____.
Notary (Signature)

[SEAL]

Revised 10-13

Company Name | Oklahoma License # | NAIC #

Section D: Fire Marshal Tax Computation (Foreign Companies Writing Listed Lines Only)

Pursuant to 68 O.S. 50001

Line of Business	Col. 1 Direct Premium	Col. 2 Dividends	Col. 3 Factor	Col. 1 less Col. 2 times Col. 3
1 Fire			100%	
2.1 Allied Lines			10%	
4 Homeowners M.P.			25%	
5.1 Commercial M.P. (Do not include Line 5.2)			50%	
8 Ocean Marine			10%	
9 Inland Marine			15%	
21.1 PPA Physical Damage			12%	
21.2 Comm Physical Damage			12%	
22 Aircraft			20%	
31 Write-in (Crop/Hail)			10%	

Total Taxable Fire Premiums (Sum) (**If negative, enter 0**)	
Tax Rate (5/16 of 1%)	0.3125%
Fire Marshal Tax (Forward to Section B, Line 11, and Section E, Line 19)	

Section E: Retaliatory Tax Computation (Foreign Companies Only)

Pursuant to 36 O.S 628

	Column 1 Domestic Basis	Column 2 Oklahoma Basis
1 Direct Written Premium		
2 Premium Credits to Public Service Authorities[1] (per 36 O.S. §624(A)(2))		
3 Federal Reinsured Crop and Flood Premiums[1]		
4 Other (specify)[1] _____		
5 Dividends Paid or Credited		XXXXXXX
6 Taxable Premium (Line 1 less Lines 2 through 5)		
7 Tax Rate		2.25%
8 Gross Premium Tax (Line 6 times Line 7)		
9 Maintenance Tax		XXXXXXX
10 Franchise Tax		XXXXXXX
11 Other (specify)[1] _____		XXXXXXX
12 _____		XXXXXXX
13 _____		XXXXXXX
14 Total Taxes (Line 8 plus Lines 9 through 13)		
15 Guaranty Fund Assessment Credit		
16 Net Premium Tax Due (Line 14 less Line 15. If negative, enter 0)		
17 Not applicable to Risk Retention Groups		
18 Not applicable to Risk Retention Groups		
19 Fire Marshal Tax (**Total From Section D**) (per 68 O.S. §50001)		
20 Other (specify)[1] _____		
21 Credits (specify)[1] _____		
22 Total Taxes and Fees (Line 16 plus Lines 17 through 21)		
23 Retaliatory Tax (Line 22, Column 1 less Line 22, Column 2) (If Line 23 is negative, enter 0) — Forward amount to Section B, Line 12		

[1] **Provide supporting documentation for these deductions. If supporting documentation is inadequate, the deductions will be disallowed for premium tax purposes. (certain credits should be verified by two officers see instructions) Note Flood Premiums are no longer exempt from premium taxes.**

[2] **PSA credits shall only be allowed for premiums or fees paid by any county, city, town or school district funds or by their duly constituted authorities performing a public service.**

Oklahoma Insurance Department
Risk Retention Group
Premium Tax Return Voucher
Per 36 O.S. §629(A)

Due on or before
March 1st, 2014

Company Name

Oklahoma Lic # **NAIC Number**
(4 digit #) **(5 digit #)**

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

A. Net premium tax liability payment with return $ _____
Source 1310456

B. Fire Marshall Tax $ _____
Source 1919902

C. Retaliatory Tax Payment $ _____
Source 2460300

$ _____

F. Check Amount
Check No._____
Check Date _____

Rev. 10/13

Oklahoma ID# _____

INSURANCE COMMISSIONER
STATE OF OKLAHOMA

AGREEMENT AND APPLICATION FOR OKLAHOMA LICENSE

Whereas, the_____, (company) located in the city of _____in the State of_____, hereby applies for license in the State of Oklahoma for the year _____ and agrees, under the signature of its President and Secretary, hereto attached, and the corporate seal of the said Company, that after receiving authority so to do from the Insurance Commissioner of the State of Oklahoma it will transact the lines of business, currently authorized, currently transacting, which the insurer is applying to transact as indicated below. In the State of Oklahoma, in accordance with the provisions of the laws of said State, and will pay such taxes and fees as may at any time be imposed by law or act of the Legislature, upon insurance companies engaged in the business herein enumerated.

IN WITNESS WHEREOF, We have hereto subscribed our names and affixed the corporate seal of the Company, this _____ day of _____, 20_____.

_____, President

_____, Secretary

(Seal)

Referring to Title 36, please check all that apply:

_____ Accident & Health (§703)
_____ Accredited Reinsurer (§5122)
_____ Casualty (§707)
_____ Chiropractic Services (§2691.1)
_____ Dental Services (§2671)
_____ Fraternal (§2727.1)
_____ Health Maintenance Organizations (§6901)
_____ Hospital Services (§2601)
_____ Life (§702)
_____ Lloyds (§3001)
_____ Marine (§705)
_____ Optometric Services (§2651)
_____ Prepaid Dental (§6143)
_____ Property (§704)
_____ Reciprocal (§2901)
_____ Risk Retention (§6454)
_____ Surety (§708)
_____ Surplus Lines (§1101)
_____ Title (§709)
_____ Variable Annuity (§§6061 & 6062)
_____ Variable Life (§§6061 & 6062)
_____ Vehicle (§706)
_____ Workers Compensation (§§608 & 612.2)
_____ Other

Revised 10/13

3625 N. W. 56th Street, Suite 100 ♦ Oklahoma City, OK 73112
In State Toll Free 800-522-0071 ♦ (405) 521-3966 ♦ Fax (405) 522-4160

INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Oklahoma License # _____

CERTIFICATE OF COMPLIANCE OF ADVERTISEMENTS

Pursuant to OAC §365:10-3-18(b) and §365:10-3-37(c)

I hereby certify, to the best of my knowledge, information, and belief, that _____(*Company*), located at _____ is in compliance with Oklahoma Administrative Code §§ 365: 10-3-18 and 10-3-37 with regard to advertising. All advertisements disseminated by the insurer during the preceding statement year complied, or were made to comply, in all respects with the provisions of the insurance laws of the State of Oklahoma as implemented by the rules and interpreted by the Insurance Commissioner.

Given under our hands and Seal of said Company this _____ day of _____, _____.

_____
Company Officer

[SEAL]

_____
Title

Revised 10-13

INSURANCE COMMISSIONER
STATE OF OKLAHOMA

MEMORANDUM

TO: ALL PRIVATE INSURERS LICENSED IN OKLAHOMA TO WRITE WORKERS' COMPENSATION OR WORKERS' COMPENSATION EQUIVALENT COVERAGE

FROM: INSURANCE COMMISSIONER
STATE OF OKLAHOMA

DATE: OCTOBER 2003

RE: "WCPR" REDUCTIONS IN WORKERS' COMPENSATION OR WORKERS' COMPENSATION EQUIVALENT PREMIUMS

In 1988 the Oklahoma Legislature created the Workers' Compensation Premium Reduction (WCPR). The Program is managed by the Oklahoma Department of Labor. Upon insurer receipt of WCPR Certification, eligible employers shall receive a premium reduction as of the policy effective date on new or renewal policies. The premium reductions are based on a WCPR schedule of credits and apply for a one-year period for those insureds that can satisfactorily complete the rigorous requirements.

The WCPR Program is described under 36 O.S. §924.2, which states:

> "The Insurance Commissioner, the Administrator of the Workers' Compensation Court and the State Insurance Fund Commissioner shall maintain records documenting reductions in workers' compensation insurance premiums granted pursuant to this Section and shall make an annual report of such reductions to the President Pro Tempore of the Senate and the Speaker of the House of Representatives by May 1 of each year. <u>Insurers shall report such premium reductions in their annual statement</u>."

Therefore, all annual statements should reflect any reductions during the period as a result of WCPR. Complete the attached Oklahoma WCPR Credit Form No. 3000 whenever WCPR credits have been applied to an insured's policy during the annual statement period and return with the annual statement information.

Oklahoma Workers' Compensation Premium Reduction "WCPR" Credit 36 O.S. §924.2 and 40 O.S. §414

Insurance Company: Oklahoma License #

Preparer: Telephone Number of Preparer: Date Prepared:

Named Insured	Policy Number	Policy Period	Percentage Credit	Estimated Premium Credit	Audited Premium Credit (If Available)

(Return only if you have insureds that qualify under the above statutes)

Form No. 3000

OKLAHOMA HEALTH INSURANCE HIGH RISK POOL
2013 PREMIUM REPORTING FORM - TITLE 36 OS §§ 6531 et. seq.

ALL property and casualty insurance companies, life insurance companies, reinsurers, health maintenance organizations (HMO's), preferred provider organizations (PPO's), prepaid health plans, fraternal benefit societies, and not-for-profit hospital service and medical indemnity plans writing accident and health premiums in Oklahoma must complete and attest to the following information. THIS FORM IS DUE WITH THE FILING OF THE ANNUAL STATUTORY STATEMENT FOR THE YEAR ENDED DECEMBER 31, 2013.

COMPANY NAME_____

ADDRESS _____

CONTACT PERSON_____

PHONE NUMBER (_____)_____OK COMPANY LICENSE# __ __ __ __

LINE	OKLA PREMIUM*	EXEMPT**	NET PREMIUM	COVERED LIVES***
Group Policies	_____	_____	_____	_____
Collectively Renewable	_____	_____	_____	_____
Non-cancelable	_____	_____	_____	_____
Guaranteed Renewable	_____	_____	_____	_____
Nonrenewable	_____	_____	_____	_____
Other Accident	_____	_____	_____	_____
All other A&H	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____

Please provide additional information on the type of policies any claim for exemption represents.
IMPORTANT NOTICE: If this form is not returned by 3/1/14 with your annual filing, the A&H premiums from your state page will be used in all calculations to determine assessments under 36 OS § 6536.4 and 6539.
*****This is "Direct Written Premium". If your company filed a state page with Oklahoma, this amount must match the exhibit. **Note:** stop loss coverage for self-insured plans is included. **Please attach a letter providing information about the exemptions claimed, specifically the types of policies and the amounts for each type.**
****** Exempt policies are policies covering: short-term accidents only; fixed-indemnity; limited benefit; specified accident; specified disease; Medicare supplement; Medicare; long term care; limited benefit expense; medical payment or personal injury coverage in a motor vehicle policy; coverage issued as a supplement to liability insurance; disability; workers compensation (36 OS § 6532(8)). FEHB premiums (federal employees) are also exempt.
*** For informational purposes only. Include Oklahoma insureds including spouses and dependents. Do not include exempt policies and reinsurance coverage where the primary insurer is also reporting covered lives.

Certification: I, _____, as an appropriate officer of the above listed Oklahoma Insurance Company, do certify the above information as true and correct to the best of my knowledge.

All inquires to:
Frazier Farley, Mgr.
P.O. Box 50429
Midwest City, OK 73140-5429
(405) 741-8434 and fax #(405) 732-8953

_____
Officer

_____
Title

_____
Print Name/Date

Revised 10/13

Oklahoma Insurance Department
Risk Retention Groups
Estimated Tax Voucher #1

Per 36 O.S. §629(A)

Due on or before
April 15th, 2014

_____
Company Name

_____ _____
Oklahoma Lic # **NAIC Number**
(4 digit #) **(5 digit #)**

A. Total prior year net tax liaiblity
(Per prior year tax return)
(Section B, Line 6k) $ _____

B. Total prior year applied to
future tax (Line 8b of prior year) $ _____

C. Amount of quarterly
payment due 25% of (A) above $ _____

D. Less portion allocated from
(B) above $ _____

E. Less credits used this quarter
Type: _____ $ _____

D. Balance due this quarter $ _____
Check No. _____ Source No. 1310495
Check Date _____

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

Rev. 10/13

Oklahoma Insurance Department
Risk Retention Groups
Estimated Tax Voucher #2

Per 36 O.S. §629(A)

Due on or before
June 15th, 2014

_____
Company Name

_____ _____
Oklahoma Lic # **NAIC Number**
(4 digit #) **(5 digit #)**

A. Total prior year net tax liaiblity
(Per prior year tax return)
(Section B, Line 6k) $ _____

B. Total prior year applied to
future tax (Line 8b of prior year) $ _____

C. Amount of quarterly
payment due 25% of (A) above $ _____

D. Less portion allocated from
(B) above $ _____

E. Less credits used this quarter
Type: _____ $ _____

D. Balance due this quarter $ _____
Check No. _____ Source No. 1310498
Check Date _____

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

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Oklahoma Insurance Department
Risk Retention Groups
Estimated Tax Voucher #3

Per 36 O.S. §629(A)

Due on or before
September 15th, 2014

Company Name

Oklahoma Lic # **(4 digit #)**

NAIC Number **(5 digit #)**

A. Total prior year net tax liaiblity (Per prior year tax return) (Section B, Line 6k) $ _____

B. Total prior year applied to future tax (Line 8b of prior year) $ _____

C. Amount of quarterly payment due 25% of (A) above $ _____

D. Less portion allocated from (B) above $ _____

E. Less credits used this quarter Type: _____ $ _____

D. Balance due this quarter $ _____

Check No. _____ Source No. 1310502

Check Date _____

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

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Oklahoma Insurance Department
Risk Retention Groups
Estimated Tax Voucher #4

Per 36 O.S. §629(A)

Due on or before
December 15th, 2014

Company Name

Oklahoma Lic # **(4 digit #)**

NAIC Number **(5 digit #)**

A. Total prior year net tax liaiblity (Per prior year tax return) (Section B, Line 6k) $ _____

B. Total prior year applied to future tax (Line 8b of prior year) $ _____

C. Amount of quarterly payment due 25% of (A) above $ _____

D. Less portion allocated from (B) above $ _____

E. Less credits used this quarter Type: _____ $ _____

D. Balance due this quarter

Check No. _____ $ _____

Check Date _____ Source No. 1310505

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

Rev. 10/13

Oklahoma ID# _____

INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Verification of Credits Used on Premium Tax Return

Whereas, the_____, (company) , agrees, under the signature of its President and Secretary, hereto attached, and the corporate seal of the said Company, that the credits used on the 2013 Premium Tax Return meet all the requirements set out under Title 36 Section 624 and 628 for said credits used from Title 68 Section 2357.11 thru Section 2357.73.

IN WITNESS WHEREOF, We have hereto subscribed our names and affixed the corporate seal of the Company, this _____ day of _____, 20_____.

_____, President

_____, Secretary

(Seal)

Revised 10/13

3625 N. W. 56th Street, Suite 100 ♦ Oklahoma City, OK 73112
In State Toll Free 800-522-0071 ♦ (405) 521-3966 ♦ Fax (405) 522-4160

WORKERS' COMPENSATION PREMIUM TAX REPORT

Submit completed report to:
OKLAHOMA WORKERS' COMPENSATION COMMISSION
Insurance Division
1915 N. Stiles Avenue
Oklahoma City, OK 73105
(405) 522-3222 or In-State Toll Free (800) 522-8210

In accordance with 85A O.S., §206, as a mutual or interinsurance association, stock company or other insurance carrier writing workers' compensation insurance on risks located in this state, you are asked to provide the following information to the Oklahoma Workers' Compensation Commission **NO LATER THAN** _____:

Name of Carrier:_____

Gross Direct Written Premium of Carrier Writing Workers' Compensation Insurance on Risks Located in Oklahoma for CALENDAR YEAR _____:

$_____**.**

This information will be used to determine the Oklahoma Option Insured Guaranty Fund assessment rate under 85A O.S., §208 to be collected by the Oklahoma Workers' Compensation Commission at the same time and in the same manner as insurance premium taxes under Title 36 of the Oklahoma Statutes for deposit into the Oklahoma Option Guaranty Fund.

Notice of the rate will be provided to each carrier and will be posted on the Commission's web site at www.wcc.ok.gov.

The undersigned hereby certifies, UNDER PENALTY OF PERJURY, that he/she executed this report of his/her free and voluntary will an as the duly authorized representative of the carrier named above, that the information and amounts herein contained reflect a true, accurate and complete statement.

Administrative Workers' Compensation Act, 85A O.S., §6(A)(1)(a): "Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of: (1) obtaining any benefit or payment … shall be guilty of a felony."

Any person who commits workers'' compensation fraud, upon conviction, shall be guilty of a felony punishable by imprisonment, a fine or both.

Signed_____
Signature of Preparer **E-Mail Address**

By_____
Name and Title (PLEASE PRINT)

Telephone Number _____
Area Code and Number

Date _____

Direct questions regarding this form to the Oklahoma Workers' Compensation Commission at the address and telephone numbers listed above.