Revised 11/2012

OKLAHOMA INSURANCE DEPARTMENT
STATE OF OKLAHOMA

Pursuant to Title 36 O.S. §1114 "***Each surplus line broker shall on or before the first day of April of each year file with the Insurance Commissioner a verified statement of all surplus lines insurance transacted by the broker during the preceding calendar year where Oklahoma is the state of the insured or there is a single-state risk in Oklahoma. The statement shall be on a form prescribed and furnished by the Insurance Commissioner and shall show:***

1. ***Gross amount of each kind of insurance transacted,***

2. Aggregate gross premiums charged,

3. Aggregate of return premiums paid to insureds,

4. Aggregate of net premiums, and

5. Such additional information as may reasonably be required by the Insurance Commissioner.

Please separate each individual report from any other report when submitting by mail

**This information can be submitted in spreadsheet format (Excel) containing the required information. Please remit to: **

Oklahoma Insurance Department
ATTN: Financial Division/Surplus Lines
3625 NW 56th Street, Suite 100
Oklahoma City, OK 73112

Revised 11/2012

BROKER/AGENCY ANNUAL STATEMENT

YEAR: _____

Resident ____ Non-Resident ____ (check one)

_____ _____
(Broker or Agency Name) *(S/L License Number)*

Telephone Number: _____

STATE OF _____

COUNTY OF _____

I,_____ of _____
(Name of Broker) *(Name of Agency)*

_____ _____
(Address) *(City, State, Zip)*

hereby affirm that the information inscribed on the attached Surplus Lines Broker Statement is true and correct to the best of my knowledge and belief and I further affirm that I have read them carefully and am personally informed of the contents contained herein and having read the same and possessing the knowledge of their accuracy, I hereby certify that the statements and matters contained therein are true and correct.

Sworn and subscribed to this the _____ day of _____, 20____.

_____ (Signature of Broker)

NOTARY

STATE OF _____

COUNTY OF _____

Before me, a Notary Public in and for _____ County, _____ State, on this day personally appeared _____, known to me to be the person set out in the above affidavit, and acknowledge to me that he/she executed the same for purposes and consideration therein stated, and in the official capacity therein stated, and that the same are true and correct.

Given under my hand and seal of office this the _____ day of _____, 20____.

_____
(Notary Public)

My Commission expires _____ **Seal:**

THIS EXECUTED REPORT VERIFIES UNDER OATH THE ACCURACY OF THE ATTACHED INFORMATION

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OKLAHOMA INSURANCE DEPARTMENT

ANNUAL SURPLUS TAX RETURN

Surplus Lines Broker or Agency monthly transactions:

_____ (Name of Broker or Agency)

_____ (Brokers or Agency SL License Number)

_____ (Address)

_____ (City and State)

Major types of Coverage _____

MONTHLY REPORT	GROSS AMOUNT OF PREMIUM (1)	AGGREGATE GROSS PREMIUM CHARGED (2)	AGGREGATE RETURN OF PREMIUM (3)	AGGREGATE NET PREMIUM (2)-(3)
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				
TOTALS:				

3625 NW. 56th Street, Suite 100 * Oklahoma City, OK 73112 * (405) 521-3966 * FAX (405) 522-2640