

OKLAHOMA INSURANCE DEPARTMENT

ANNUAL SURPLUS TAX RETURN

Surplus Lines Broker monthly transactions:

(Name of Broker)

(Brokers License Number)

(Address)

(City and State)

Major types of Coverage _____

MONTHLY REPORT	GROSS AMOUNT OF PREMIUM	AGGREGATE GROSS PREMIUM CHARGED	AGGREGATE RETURN OF PREMIUM	AGGREGATE NET PREMIUM
	(1)	(2)	(3)	(2) - (3)
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPT.				
OCTOBER				
NOV.				
DEC.				
TOTALS:				