OKLAHOMA INSURANCE DEPARTMENT
SURPLUS LINES INSURANCE
BROKER QUARTERLY SUMMARY OF OPERATIONS

SL-3b

Broker's Name_____ License #_____ Total Tax Remitted $_____

6 Digit Oklahoma Company Number (1)	Surplus Lines Insurance Carrier (2)	Policy Number (3)	Premium (4)	Premium Tax Due (6%) (5)	Premium Credit (6)	Tax Credit (6%) (7)	Total Tax Paid (5) – (7) = (8) (8)
TOTAL:							

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Revised 11/12