

**Home Service
Contract Provider
Quarterly Administrative Fee Statement**

According to Title 36 O.S. § 6753: Registered Home Service Contract Providers are “subject to an administrative fee equal to two percent (2%) of the gross fees received on the sale of all home service contracts issued in this state during the preceding calendar quarter.”

Home Service Contract Provider Administrative fees are due 30 days after the end of each quarter. Please use the form below to calculate the administrative fees and complete the corresponding voucher. Mail both forms to the address on the payment voucher.

Company Name: _____

Contact Name: _____ **Phone Number:** _____

Email Address: _____

Name of Administrator (if applicable): _____

For Period Ending: _____

PREMIUMS COLLECTED

Please calculate the administrative fees by multiplying the gross provider fee by 2%. The total is the amount owed to the Oklahoma Insurance Department. The table below is broken down into quarters. Please calculate the administrative fees in the appropriate quarter.

Column 1	Column 2	Fee Due to Oklahoma Insurance Department
Gross Fees received for Oklahoma	Multiply by .02 or (2%)	Total
First Quarter		
Second Quarter		
Third Quarter		
Fourth Quarter		

Due Dates

First Quarter- (Jan-March) Filing due by last day of April
Second Quarter- (April-June) Filing due by last day of July
Third Quarter- (July-Sep) Filing due by last day of October
Fourth Quarter- (Oct-Dec) Filing due by last day of January

**Oklahoma Insurance Department
Home Service Contract Provider
Administrative Fee Voucher #1
Per 36 O.S. §6753**

**Due on or before
April 30th, 2014**

Company Name _____

Oklahoma Lic #
(6 digit #) _____

Return To: Oklahoma Insurance Department
Financial Division/Lauren Bouse
3625 N W 56th Street, Suite 100
Oklahoma City, OK 73112

A. Amount of quarterly
due from worksheet: _____

B. Less overpayment
from previous quarter: _____

Remaining balance: _____
Source No. **2461309-141**

Check No. _____
Check Date _____

Rev 10/14

**Oklahoma Insurance Department
Home Service Contract Provider
Administrative Fee Voucher #2
Per 36 O.S. §6753**

**Due on or before
July 31st, 2014**

Company Name _____

Oklahoma Lic #
(6 digit #) _____

Return To: Oklahoma Insurance Department
Financial Division/Lauren Bouse
3625 N W 56th Street, Suite 100
Oklahoma City, OK 73112

A. Amount of quarterly
due from worksheet: _____

B. Less overpayment
from previous quarter: _____

Remaining balance: _____
Source No. **2461309-142**

Check No. _____
Check Date _____

Rev 10/14

**Oklahoma Insurance Department
Home Service Contract Provider
Administrative Fee Voucher #3**

Per 36 O.S. §6753

**Due on or before
October 31st, 2014**

Company Name _____

Oklahoma Lic #
(6 digit #) _____

Return To: Oklahoma Insurance Department
Financial Division/Lauren Bouse
3625 N W 56th Street, Suite 100
Oklahoma City, OK 73112

A. Amount of quarterly
due from worksheet: _____

B. Less overpayment
from previous quarter: _____

Remaining balance: _____

Source No. **2461309-143**

Check No. _____

Check Date _____

Rev 10/14

**Oklahoma Insurance Department
Home Service Contract Provider
Administrative Fee Voucher #4**

Per 36 O.S. §6753

**Due on or before
January 31st, 2015**

Company Name _____

Oklahoma Lic #
(6 digit #) _____

Return To: Oklahoma Insurance Department
Financial Division/Lauren Bouse
3625 N W 56th Street, Suite 100
Oklahoma City, OK 73112

A. Amount of quarterly
due from worksheet: _____

B. Less overpayment
from previous quarter: _____

Remaining balance: _____

Source No. **2461309-144**

Check No. _____

Check Date _____

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