



INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

**FOR PUBLICATION IN THE STATE OF OKLAHOMA  
SYNOPSIS OF THE ANNUAL STATEMENT**

(Pursuant to OAC §365:1-9-1(I) and retaliatory provisions of the Oklahoma Insurance Code)

**Only required of insurers domiciled in states that require a similar form from Oklahoma Domestic insurers: CO, GA, IN, ND, SD.**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company City, State, Zip: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Total Admitted Assets	\$	Oklahoma Direct Written Premium	\$
Total Liabilities	\$	Oklahoma Direct Claims Paid	\$
Surplus	\$		

We do hereby certify that the above items are in accordance with the Annual Statement for the year ended December 31, 20\_\_ made to the Insurance Commissioner of the State of Oklahoma.

\_\_\_\_\_  
Name of President

\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
Name of Secretary

\_\_\_\_\_  
Signature of Secretary

It is the responsibility of the company to publish this in an Oklahoma newspaper and submit a certified copy of the publication to the attention of the Financial Division – Premium Tax, 3625 N W 56<sup>th</sup> Street, Suite 100, Oklahoma City, OK 73112 no later than May 1. Inquiries regarding publication rates should be directed to the newspaper; phone numbers have been provided.

The Daily Oklahoman  
9000 Broadway Extension  
Oklahoma City, OK 73114  
(405) 475-3311

The Tulsa World  
318 South Main  
Tulsa, OK 74103  
(918) 583-2161

Journal Record Publishing  
222 N. Robinson  
Oklahoma City, OK 73102  
(405) 235-3100