

# OKLAHOMA INSURANCE DEPARTMENT

FIVE CORPORATE PLAZA  
3625 NW 56TH, SUITE 100  
OKLAHOMA CITY, OK 73112



REGULATED INDUSTRY SERVICES  
PHONE: 405.521.2828 | OPT.7  
WWW.OID.OK.GOV

GLEN MULREADY  
INSURANCE COMMISSIONER

All Surplus Lines Tax Reports on our website are for **REVIEW** only. All surplus lines tax forms & payments must be filed electronically through OPTins per Order No. 16-353-PRJ. You will have to register your account with OPTins in advance to file.

Please review the instructions on our website at:

[https://www.ok.gov/oid/Regulated\\_Entities/Surplus\\_Lines/index.html](https://www.ok.gov/oid/Regulated_Entities/Surplus_Lines/index.html) , scroll down to Surplus Lines Forms, then select either **Annual Surplus Lines Brokers Filing Requirements and Forms** or **Instructions for Filing Surplus Lines Broker Quarterly Summary Reports**

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**

**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:				