



**OKLAHOMA INSURANCE DEPARTMENT
STATE OF OKLAHOMA**

Pursuant to Title 36 O.S. §1114 *“Each surplus line broker shall on or before the first day of April of each year file with the Insurance Commissioner a verified statement of all surplus lines insurance transacted by the broker during the preceding calendar year where Oklahoma is the state of the insured or there is a single-state risk in Oklahoma. The statement shall be on a form prescribed and furnished by the Insurance Commissioner and shall show:*

- 1. Gross amount of each kind of insurance transacted,*
- 2. Aggregate gross premiums charged,*
- 3. Aggregate of return premiums paid to insureds,*
- 4. Aggregate of net premiums, and*
- 5. Such additional information as may reasonably be required by the Insurance Commissioner.*

****This information can be submitted in spreadsheet format (Excel) containing the required information. Please remit to: ****

Oklahoma Insurance Department

ATTN: Financial Division/Surplus Lines

3625 NW 56th Street, Suite 100

Oklahoma City, OK 73112

BROKER ANNUAL STATEMENT

Resident ____ Non-Resident ____ (check one)

(Broker Name)
(Telephone Number)_____

(S/L License Number)

STATE OF _____
COUNTY OF _____

I, _____ (Name of Broker) of

(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
the 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 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:				