OKLAHOMA DEPARTMENT OF INSURANCE
ANNUAL STATEMENT FILINGS

General Information for Annual Statement Filings

The Oklahoma Insurance Department no longer mails Annual Filing Instruction Packages to licensed insurers. Companies may obtain all necessary forms and filing information directly from our website at:

http://www.oid.ok.gov

At the top of our home page, go to Producer/Adjuster/Financial/2010 Annual Statement Filings. Click on "Financial Forms" and then click on the type of company to download the forms.

Companies may request a hard copy of the Annual Filing Instruction Packages by contacting the Financial Division of the Oklahoma Insurance Department at (405) 521-3966; by e-mail at the following address: kim.lopez@oid.ok.gov; or by mail at:

Oklahoma Insurance Department
Financial Division – Premium Tax Unit
Five Corporate Plaza
3625 N.W. 56th Street, Suite 100
Oklahoma City, OK 73112

Things to Remember

1. Pursuant to 36 O.S. §624(A)(2), a reduction in taxable premium will be allowed only for premiums paid by a county, city, town or school district or by their duly constituted authorities performing a public service. Premiums paid by other state agencies do not qualify.
2. No electronic filings are required or accepted for annual statements. Foreign companies are required to file a Jurat Page unless the Oklahoma Insurance Department issues a written request for the company to file hard copies. Domestic companies must file hard copies for both annual and quarterly filings.
3. Several credit lines were added to the premium tax return. Please note that there is a worksheet provided in the instructions for the Home Office Credit, Venture Capital Credit, and Historic Rehabilitation Credit. This form can be e-mailed upon request in Excel format for use in calculating these credits. Contact kim.lopez@oid.ok.gov for the Excel worksheet. Each credit must be accompanied by proper documentation to receive the credit and credits used on lines 6c thru 6i will need to be verified by two officers of the company.(See Form)
4. The Life and Health Guaranty Credit is given pursuant to 36 O.S. §2030(I). The Oklahoma Life Guaranty Association will provide each eligible company with a letter in December as to the amount of credit that can be taken on the annual return. If you feel there is an error in the computation of the company credit for this year, please contact the Oklahoma Life and Health Guaranty Association at (405) 272-9221. The Oklahoma Department of Insurance does not have jurisdiction over these credits.

5. The Property and Casualty Guaranty Credit is given pursuant to 36 O.S. §625.4(A). The Oklahoma Property and Casualty Guaranty Association will provide each eligible company with a letter in December as to the amount of credit that can be taken on the annual return. If you feel there is an error in the computation of the company credit for this year, please contact the Oklahoma Property and Casualty Guaranty Association at (405) 843-5454. The Oklahoma Department of Insurance does not have jurisdiction over these credits.
6. The state checklist is essential in completing and submitting all necessary state filings. Please include a copy of the checklist on top of each filing. The Oklahoma ID number must appear on each page of the filings (four-digit license number located on each license.) Forms must appear in the order stated on the checklist. Any additional submissions should be attached to the end of the filing packet.

HEALTH ENTITIES

COMPANY NAME: _____ **NAIC Company Code:** _____
Contact: _____ **Telephone:** _____
REQUIRED FILINGS IN THE STATE OF: Oklahoma **Filings Made During the Year 2011**

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES* Domestic State	Domestic NAIC	Foreign State	(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½"X14")	1	EO	xxx	3/1	NAIC	L
	1.1	Printed Investment Schedule detail (Pages E01-E27)	1	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	L
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	
	11	Actuarial Opinion	1	EO	xxx	3/1	Company	
	12	Health Care Exhibit (Parts 1, 2 and 3) Supplement	1	EO	xxx	4/1	NAIC	
	13	Health Care Exhibit's Allocation Report Supplement	1	EO	xxx	4/1	NAIC	
	14	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	
	15	Life Supplemental Data due March 1	1	EO	xxx	3/1	NAIC	
	16	Life Supp Statement non-guaranteed elements –Exh 5, Int. #3	1	EO	xxx	3/1	Company	
	17	Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2	1	EO	xxx	3/1	Company	
	18	Life Supplemental Data due April 1	1	EO	xxx	4/1	NAIC	
	19	Long-term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	20	Management Discussion & Analysis	1	EO	xxx	4/1	Company	
	21	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	
	22	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	23	Property/Casualty Supplement due March 1		EO	xxx	3/1	NAIC	
	24	Property/Casualty Supplement due April 1	1	EO	xxx	4/1	NAIC	
	25	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	
	26	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	27	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	50	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	51	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	52	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	53	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	
	54	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	55	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	56	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
	57	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	58	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	71	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	72	Audited Financial Reports	1	EO	xxx	6/1	Company	
	73	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	12/1	Company	
	74	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	6/1	Company	
	75	Independent CPA (change)	1	N/A	N/A		Company	
	76	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	6/1	Company	
	77	Notification of Adverse Financial Condition	1	N/A	N/A	Within 10 days of finding	Company	
	78	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A	6/1	Company	
	79	Request for Exemption to File	1	N/A	N/A	12/1	Company	
		V. STATE REQUIRED FILINGS						
	101	Filings Checklist (with Column 1 completed)	1	0	1	3/1	State	
	102	Premium Tax Return with Payment Voucher including a copy of the State Page (OPTins available)	1	0	1	3/1	State	B,M,O,P, R
	103	Jurat Page with original (wet) signatures	1	0	1	3/1	NAIC	G,L,N
	104	Agreement and Application Form	1	0	0	3/1	State	G,N
	105	Certificate of Compliance of Advertisements	1	0	1	3/1	State	N
	106	High Risk Pool	1	0	1	3/1	State	
	107	Annual Statement (Hard Copy Format)	1	0	0	3/1	State	L
	108	Supplemental Filings	1	0	0	3/1	State	
	109	Quarterly Estimated Premium Tax Payments with Payment Vouchers (OPTins available)	1	0	1	4/15,6/15, 9/15,12/15	State	R
	110	Holding Company registration (Form B & C) and fee	1	0	0	5/1	State	S
	111	Uniform Consent to Service of Process (with separate payment)	0	0	If Applicable	3/1	State	G

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	112							
	113							

***If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).**
****If Form Source is NAIC, the form should be obtained from the appropriate vendor.**

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	Required Filings Contact Person:	Financial Division – Premium Tax Division (405) 521-3966
	B	Mailing Address: NOTE: NEW ADDRESS	Via U.S. Mail or Courier: Oklahoma Insurance Department Financial Division – Premium Tax 5 Corporate Plaza 3625 NW 56th St., Suite 100 Oklahoma City, OK 73112
	C	Mailing Address for Filing Fees:	Same as B.
	D	Mailing Address for Premium Tax Payments:	Same as B.
	E	Delivery Instructions:	E-1: All filings are due on or before the dates indicated. E-2: Postmarks are acceptable. If the due date falls on a weekend or a holiday, the deadline is extended to the next business day. Metered mail must have a manually applied postmark to qualify as acceptable proof of mailing date.
	F	Late Filings:	A penalty of the greater of $250.00 or $100.00 per day will be assessed for late filings. (36 O.S. §311.1(B)). Late tax payments will carry an additional penalty of 10% of the tax due plus 6% interest per annum until paid. (36 O.S. §630)
	G	Original Signatures:	Original (wet) signatures are required on all documents requiring a signature.
	H	Signature/Notarization/Certification:	Domestic insurers: Notarized signatures are required with the Company Seal on the Jurat Page of the Annual and Quarter Statements.
	I	Amended Filings:	Amended items must be filed within 10 days of their amendment, along with an explanation. Signature requirements are covered in H. Electronic filings of the corrections must be filed with NAIC.
	J	Exceptions from normal filings:	Foreign Companies must provide a written copy of any exemption or extension received from its State of Domicile at least 10 days prior to the filing due date in order to receive such from Oklahoma. Domestic Companies must apply prior to December 1 to receive exemption.
	K	Bar Codes (State or NAIC):	Follow the directions in the NAIC Annual Statement Instructions.
	L	Signed Jurat:	The Jurat Page must be notarized, have the Company Seal affixed, and have original (wet) signatures.
	M	NONE Filings:	"NONE" filings must be made. Failure to file a "NONE" documents will be treated as a filing violation. The only exception is the Designation of Agent filing, which is only required if a change has occurred.
	N	Company Seal:	The Company Seal must be applied to the following documents for all Companies: Jurat Page; Agreement and Application for License; and , Certificate of Advertisement.
	O	State Business Page:	A copy of the State Business Page must accompany the Premium Tax Return. See checklist for placement in packet. If the State Business Page is "NONE", then mark and file the page as "NONE".
	P	Payments of Licenses, Fees, and Taxes:	P-1: Premium Tax Return payments must be attached to the 1st page of the return along with the provided voucher. Include annual license fee, review fee, fire marshal tax, and retaliatory tax if applicable. (OPTins available) P-2: For late payment fee, see F above.
	Q	Premium Tax Forms:	Computer generated forms are acceptable as long as they are in the same format as Oklahoma's forms. (OPTins available)
	R	Worksheets:	Worksheets are provided to aid in the calculation of Home Office Credit, Venture Capital Credit, and Historic Rehabilitation Credit.
	S	Holding Company Filings	ALL Holding Company filings must be filed electronically in PDF format in addition to the hard

			copy filing. This applies to Forms A, B, C, D, E, R, including all supplements/attachments thereto. The filings should be emailed to: HCAFilings@oid.ok.gov (The OID firewall limits total email size to 10MB or less. Use of secured website mail is not acceptable.)
	T	Regulatory Asset Adequacy Issue Summary (RAAIS):	RAAIS filings must be filed electronically in PDF format as an attachment to an email addressed to: HCAFilings@oid.ok.gov (The OID firewall limits total email size to 10MB or less. Use of secured website mail is not acceptable. Hard copy filings not needed.)

General Instructions
For Companies to Use Checklist

Please Note: **This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.**

Electronic Filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The ***Annual Statement Electronic Filing*** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The ***March .PDF Filing*** is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The ***Risk-Based Capital Electronic Filing*** includes all risk-based capital data.

The ***Risk-Based Capital .PDF Filing*** is the .pdf file for risk-based capital data.

The ***Supplemental Electronic Filing*** includes all supplements due April 1, per the *Annual Statement Instructions.*

The ***Supplemental .PDF Filing*** is the .pdf file for all supplemental schedules and exhibits due April 1.

The ***Quarterly Electronic Filing*** includes the complete quarterly filing and the PDF files for all quarterly data.

The ***Quarterly .PDF Filing*** is the .pdf file for quarterly statement data.

The ***June .PDF Filing*** is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail,. if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and have chosen to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)
This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions (generally, on the state web site). If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.

Oklahoma Department of Insurance
Annual Filing Checklist
HMO's, Prepaid Dental, Prepaid Vision and Other Health Insurers

This checklist provides a format for filings required by the Oklahoma Department of Insurance. Using this form will aid the insurer in completing all the requirements as instructed and in the order necessary for processing by the Department.

_____ 1. Checklist completed.

_____ 2. Premium Tax Return (with original signatures notarized.)

_____ 3. Voucher and Check attached to Return.

_____ 4. Copy of State Page Schedule.

_____ 5. Application and Agreement (with original signatures and seal.)

_____ 6. Certificate of Compliance of Advertisement (with original signatures and seal.)

_____ 7. High Risk Pool Form (if none, state "None".)

_____ 8. Jurat Page

_____ 9. Credit life – **Exhibit A Only** (if none, state "None" on form and return.)

_____ 10. Publication Form and Advertisement Placed (Can be sent as late as May 1.) **This only applies to the following states: Colorado, Georgia, Indiana, North Dakota, South Dakota and Ohio.** All other states send in the publication form Marked "None" with the premium tax filing due March 1st.

_____11. Verification form for credits used on lines 6c thru 6i (with original signatures and seal)

Revised 11-10

Annual Premium Tax Form
Oklahoma Insurance Department

For the year ending December 31, 2010

Check appropriate box:

☐ Original Filing ☐ Amended Filing

Due March 1, 2011 to:

Oklahoma Insurance Department
Financial Division-Premium Tax unit
3625 N.W.56th Street, Suite 100
Oklahoma City, Oklahoma 73112

Section A: Foreign Health Insurers, HMO's,Prepaid Dental, Non-Profit Entities and Prepaid Vision Information

Company Name _____ Oklahoma License # _____ NAIC# _____

Address(1) _____ Address(2) _____

City _____ State _____ Zip Code _____ Preparer's Name and Phone # (with extension) _____

Section B: Tax Liability and Fee Computation

Complete Page 2 First

			Oklahoma Basis
1	Direct Written Premium		
2	Premium Credits to Public Service Authorities [1,2] (per 36 O.S. § 624(A)(2))		
3	Federal Reinsured Crop and Flood Premiums [1]		
4	Taxable Premium (Line 1 less Lines 2 through 3)		
5	Premium Tax Liability before credits (Line 4 times 2.25 %)		
6	Credits		
6a	Life and Health Guaranty Fund Assessment Credit (per 36 O.S. § 2030 (I))		
6b	P&C Guaranty Fund Assessment Credit (per 36 O.S. § 625.4)		
6c	Rural Small Business Capital Credit [1] (per 68 O.S. §2357.73)		
6d	Small Business Capital Credit [1] (per 68 O.S. § 2357.62)		
6e	Coal Credit [1] (per 68 O.S. §2357.11)		
6f	Other Credits (type _____)		
6g	Home Office Credit [1] (per 36 O.S. §625.1) See Worksheet		
6h	Venture Capital Credit [1] (per 68 O.S. § 2357.7) See Worksheet		
6i	Historic Rehabilitation Credit [1] (per 68 O.S. § 2357.41) See Worksheet		
6j	Total Credits (total of Lines 6a through 6i)		
6k	Net Premium Tax Liability (Line 5 less Line 6j) **used in calculating 2011 estimated payments**		
6l	Prior Year Overpayment Applied to future taxes (Line 8b of prior year return)		
6m	Current Year Prepayment (do not include credits)		
6n	Total Prepayments (Line 6l and Line 6m)		
7	Premium Tax Due (Line 6k less Line 6n) If **negative** enter the amount to be refunded or applied to future taxes on Line 8. If **positive** enter on line 8c.		
8a	Amount to be refunded _____ **8b** Apply to future taxes _____ .		
8c	Premium tax liability due carryforward from line 7 if **positive**.		
9	Annual License Fee **($150 for foreign companies per 36 O.S. §321(A)(2)(b))**		$150.00
10	Annual Statement Review Fee (per 36 O.S. §321(C))		$500.00
11	Retaliatory Tax (Section D, Line 23, cannot be less than 0) (per 36 O.S. §624.1 and §628)		
12	Not Applicable to Life and Health Companies		
13	Total Taxes and Fees (Lines 8c through 12)		

This is to be the amount of the check enclosed. Check cannot be less than the total of lines 8c through 12.

Line 8a or 8b may not be used as a deduction for lines 9 through 12.

Attach voucher and check here

Section C: Notary Certificate

By signing below, I certify that I have reviewed this filing and the information contained herein. I further certify that the information contained herein is correct and complete, to the best of my knowledge.

President (Signature) _____ Secretary (Signature) _____

President (Type or Print) _____ Secretary (Type or Print) _____

Signed and sworn to before me by the President and Secretary of _____

on _____, _____. State of: _____ County of: _____

_____, Notary Public. My Commission Expires _____.
Notary (Signature)

[SEAL]

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Company Name Oklahoma License # NAIC #

Section D: Retaliatory Tax Computation (Foreign Companies Only)

		Column 1 Domestic Basis	Column 2 Oklahoma Basis
1	Direct Written Premium		
2	Premium Credits to Public Service Authorities [1] (per 36 O.S. §624(A)(2))		
3	Federal Reinsured Crop and Flood Premiums [1]		
4	Other (specify)[1] _____		
5	Dividends Paid or Credited		XXXXXXX
6	Taxable Premium (Line 1 less Lines 2 through 5)		
7	Tax Rate		
8	Gross Premium Tax (Line 6 times Line 7)		
9	Maintenance Tax		XXXXXXX
10	Franchise Tax		XXXXXXX
11	Other (specify)[1] _____		XXXXXXX
12	_____		XXXXXXX
13	_____		XXXXXXX
14	Total Taxes (Line 8 plus Lines 9 through 13)		
15	Guaranty Fund Assessment Credit (Life and Health)		
16	Guaranty Fund Assessment Credit (Property and Casualty)		
17	Net Premium Tax Due (Line 14 less Line 15. If negative, enter 0)		
18	Annual License Fee (per 36 O.S. §321(A)(2)(b))		$150.00
19	Annual Statement Review Fee (per 36 O.S. §321(C))		$500.00
20	Credits (specify)[1] _____		
21	Total Taxes and Fees (Line 17 plus Lines 18 through 20)		
22	Retaliatory Tax (Line 21, Column 1 less Line 21, Column 2) Forward amount to Section B, Line 11		
	(If Line 22 is negative, enter 0)		

[1] **Provide supporting documentation for these deductions. If supporting documentation is inadequate, the deductions will be disallowed for premium tax purposes. (certain credits should be verified by two officers see instructions)**

[2] **PSA credits shall only be allowed for premiums or fees paid by any county, city, town or school district funds or by their duly constituted authorities performing a public service.**

Oklahoma Insurance Department
HMO, Prepaid Dental, Prepaid Vision,
& Non-Profit Premium Tax Voucher
Per 36 O.S. §629(A)

Due on or before
March 1st, 2011

Company Name

Oklahoma Lic # **NAIC Number**
(4 digit #) **(5 digit #)**

Return To: Oklahoma Insurance Department
Financial Division-Premium Tax Unit
3625 N.W. 56th Street, Suite 100
Oklahoma City, OK 73112

A. Net premium tax liability payment with return $ _____
1310350

B. Annual License Fee (All foreign companies) $ 150.00
Source 2461201

C. Annual Review Fee $ 500.00
Source 2461401

D. Retaliatory Tax Payment $ _____
Source 2460300

E. Check Amount $ _____
Check No. _____
Check Date _____

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Oklahoma ID# _____

INSURANCE COMMISSIONER
STATE OF OKLAHOMA

AGREEMENT AND APPLICATION FOR OKLAHOMA LICENSE

Whereas, the_____, (company) located in the city of _____in the State of_____, hereby applies for license in the State of Oklahoma for the year _____ and agrees, under the signature of its President and Secretary, hereto attached, and the corporate seal of the said Company, that after receiving authority so to do from the Insurance Commissioner of the State of Oklahoma it will transact the lines of business, currently authorized, currently transacting, which the insurer is applying to transact as indicated below. In the State of Oklahoma, in accordance with the provisions of the laws of said State, and will pay such taxes and fees as may at any time be imposed by law or act of the Legislature, upon insurance companies engaged in the business herein enumerated.

IN WITNESS WHEREOF, We have hereto subscribed our names and affixed the corporate seal of the Company, this _____ day of _____, 20_____.

_____, President

_____, Secretary

(Seal)

Referring to Title 36, please check all that apply:

_____ Accident & Health (§703)
_____ Accredited Reinsurer (§5122)
_____ Casualty (§707)
_____ Chiropractic Services (§2691.1)
_____ Dental Services (§2671)
_____ Fraternal (§2727.1)
_____ Health Maintenance Organizations (§6901)
_____ Hospital Services (§2601)
_____ Life (§702)
_____ Lloyds (§3001)
_____ Marine (§705)
_____ Optometric Services (§2651)
_____ Prepaid Dental (§6143)
_____ Property (§704)
_____ Reciprocal (§2901)
_____ Risk Retention (§6454)
_____ Surety (§708)
_____ Surplus Lines (§1101)
_____ Title (§709)
_____ Variable Annuity (§§6061 & 6062)
_____ Variable Life (§§6061 & 6062)
_____ Vehicle (§706)
_____ Workers Compensation (§§608 & 612.2)
_____ Other

Revised 11/10

3625 N. W. 56th Street, Suite 100 ♦ Oklahoma City, OK 73112
In State Toll Free 800-522-0071 ♦ (405) 521-3966 ♦ Fax (405) 522-4160

INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Oklahoma License # _____

CERTIFICATE OF COMPLIANCE OF ADVERTISEMENTS

Pursuant to OAC §365:10-3-18(b) and §365:10-3-37(c)

I hereby certify, to the best of my knowledge, information, and belief, that _____(*Company*), located at _____ is in compliance with Oklahoma Administrative Code §§ 365: 10-3-18 and 10-3-37 with regard to advertising. All advertisements disseminated by the insurer during the preceding statement year complied, or were made to comply, in all respects with the provisions of the insurance laws of the State of Oklahoma as implemented by the rules and interpreted by the Insurance Commissioner.

Given under our hands and Seal of said Company this _____ day of _____, _____.

_____
Company Officer

[SEAL]

_____
Title

Revised 11-10

Oklahoma Insurance Department
HMO's, Prepaid Dental, Non-Profits, Prepaid Vision Estimated #1

Per 36 O.S. §629(A)

Due on or before April 15th, 2011

Company Name

Oklahoma Lic # **(4 digit #)**

NAIC Number **(5 digit #)**

A. Total prior year net tax liaiblity (Per prior year tax return) (Section B, Line 6k) $ _____

B. Total prior year applied to future tax (Line 8b of prior year) $ _____

C. Amount of quarterly payment due 25% of (A) above $ _____

D. Less portion allocated from (B) above $ _____

E. Less credits used this quarter Type: _____ $ _____

F. Balance due this quarter $ _____

Check No. _____ Source No. 1310389

Check Date _____

Return To: Oklahoma Insurance Department
Financial Division- Premium Tax Unit
3625 N.W. 56th, Suite 100
Oklahoma City, OK 73112

Rev. 01/11

Oklahoma Insurance Department
HMO's, Prepaid Dental, Non-Profits, Prepaid Vision Estimated #2

Per 36 O.S. §629(A)

Due on or before June 15th, 2011

Company Name

Oklahoma Lic # **(4 digit #)**

NAIC Number **(5 digit #)**

A. Total prior year net tax liaiblity (Per prior year tax return) (Section B, Line 6k) $ _____

B. Total prior year applied to future tax (Line 8b of prior year) $ _____

C. Amount of quarterly payment due 25% of (A) above $ _____

D. Less portion allocated from (B) above $ _____

E. Less credits used this quarter Type: _____ $ _____

F. Balance due this quarter

Check No. _____ $ _____

Check Date _____ Source No. 1310392

Return To: Oklahoma Insurance Department
Financial Division-Premium Tax Unit
3625 N.W. 56th Street, Suite 100
Oklahoma City, OK 73112

Rev. 01/11

Oklahoma Insurance Department
HMO's, Prepaid Dental, Non-Profits, Prepaid Vision Estimated #3

Per 36 O.S. §629(A)

Due on or before September 15th, 2011

Company Name

Oklahoma Lic # **(4 digit #)**

NAIC Number **(5 digit #)**

A. Total prior year net tax liaiblity (Per prior year tax return) (Section B, Line 6k) $ _____

B. Total prior year applied to future tax (Line 8b of prior year) $ _____

C. Amount of quarterly payment due 25% of (A) above $ _____

D. Less portion allocated from (B) above $ _____

E. Less credits used this quarter Type: _____ $ _____

F. Balance due this quarter $ _____

Check No. _____ Source No. 1310396

Check Date _____

Return To: Oklahoma Insurance Department
Financial Division-Premium Tax Unit
3625 N.W. 56th Street, Suite 100
Oklahoma City, OK 73112

Rev. 01/11

Oklahoma Insurance Department
HMO's, Prepaid Dental, Non-Profits, Prepaid Vision Estimated #4

Per 36 O.S. §629(A)

Due on or before December 15th, 2011

Company Name

Oklahoma Lic # **(4 digit #)**

NAIC Number **(5 digit #)**

A. Total prior year net tax liaiblity (Per prior year tax return) (Section B, Line 6k) $ _____

B. Total prior year applied to future tax (Line 8b of prior year) $ _____

C. Amount of quarterly payment due 25% of (A) above $ _____

D. Less portion allocated from (B) above $ _____

E. Less credits used this quarter Type: _____ $ _____

F. Balance due this quarter

Check No. _____ $ _____

Check Date _____ Source No. 1310399

Return To: Oklahoma Insurance Department
Financial Division-Premium Tax Unit
3625 N.W. 56th Street, Suite 100
Oklahoma City, OK 73112

Rev. 01/11

INSURANCE COMMISSIONER
State of Oklahoma

* BULLETIN *

TO: All Credit Insurers

FROM: Oklahoma Insurance Commissioner

DATE: October 2003

RE: Credit Insurance Compensation Affidavits

Pursuant to Rule 365:10-5-60-73(c) and (d), a notarized affidavit must be completed by **BOTH** credit insurers and its agents which declares upon oath that the insurer has not paid and the agent has not received more than 40% of the net written premiums on credit insurance. Enclosed herein are two affidavits that may be used by the insurer and its agents.

Exhibit A (Insurance Company Notarized Credit Insurance Affidavit), is to be signed by the President and mailed to the Oklahoma Insurance Commissioner **with the annual statement** as a single filing. These filings are due on or before the first day of March.

Exhibit B (Credit Insurance Agent Notarized Affidavit) is to be distributed to your agents. The agents are required to sign and return these affidavits to your company's office. The company will retain these records. They are **not** to be sent to the Insurance Commissioner's office.

Enclosures

Oklahoma License #_____ **Exhibit A**

INSURANCE COMPANY NOTARIZED CREDIT INSURANCE AFFIDAVIT

Must be filed with the State Insurance Commissioner, State of Oklahoma, **with the annual statement** on or before the first day of March and on the same date each year thereafter. **IF NOT APPLICABLE, MARK AS SUCH AND RETURN.**

Affiant, _____ , President/Vice President hereby declares upon oath on behalf of _____ that for the year ending _____ this insurance company, or anyone representing this company, has not paid, or agreed to pay, any compensation in excess of maximum compensation, as set out in Rule 365:10-5-73 of the Oklahoma Insurance Commissioner, to recipients as defined therein.

The presumed maximum compensation of 40% of the net written life insurance premiums and of the net written accident and health insurance premiums allowed to be paid to defined recipients is further defined in Rule 365:10-5-73(b)(3) as follows:

> "Compensation" shall include, but not be limited to, the receipt directly or indirectly or reciprocally of commissions, contingent commissions, service fees, policy fees, expense allowances or reimbursements, gifts, all benefits such as items of merchandise, equipment, travel, conventions, vacations, rewards, bonuses, trading stamps, scripts, or any other form of remuneration resulting directly or indirectly from the sale of credit insurance or as an inducement to or payment for sales made or volume of sales obtained. Compensation shall also include any amounts or things of value received from or paid by any person other than as insurer in consideration of the sale or retention of credit insurance.

_____
Officer

_____
Title

State of)
)
County of)

Subscribed and sworn before me this _____ day of _____ , _____

Notary Public _____ My Commission Expires _____

[SEAL]

Exhibit B

CREDIT INSURANCE AGENT NOTARIZED AFFIDAVIT

To be filed with insurer and retained in the insurer's records. **Do not return to the Oklahoma Insurance Department.**

Affiant, _____ , Credit Insurance Agent for _____ hereby declares upon oath that for the year ending _____ this credit insurance agent has not received or agreed to receive any compensation in excess of maximum compensation, as set out in Rule 365:10-5-73 of the Oklahoma Insurance Commissioner, to recipients as defined therein.

The presumed maximum compensation of 40% of the net written life insurance premiums and of the net written accident and health insurance premiums allowed to be paid to defined recipients is further defined in Rule 365:10-5-73(b)(3) as follows:

> "Compensation" shall include, but not be limited to, the receipt directly or indirectly or reciprocally of commissions, contingent commissions, service fees, policy fees, expense allowance or reimbursements, gifts, all benefits such as items of merchandise, equipment, travel, conventions, vacations, rewards, bonuses, trading stamps, scripts, or any other form of remuneration resulting directly or indirectly from the sale of credit insurance or as an inducement to or payment for sales made or volume of sales obtained. Compensation shall also include any amounts or things of value received from or paid by any person other than an insurer in consideration of the sale or retention of credit insurance.

_____
Credit Insurance Agent

State of)
)
County of)

Subscribed and sworn before me this _____ day of _____ , _____.

Notary Public _____
My Commission Expires _____ .

OKLAHOMA HEALTH INSURANCE HIGH RISK POOL
2010 PREMIUM REPORTING FORM - TITLE 36 OS §§ 6531 et. seq.

ALL property and casualty insurance companies, life insurance companies, reinsurers, health maintenance organizations (HMO's), preferred provider organizations (PPO's), prepaid health plans, fraternal benefit societies, and not-for-profit hospital service and medical indemnity plans writing accident and health premiums in Oklahoma must complete and attest to the following information. THIS FORM IS DUE WITH THE FILING OF THE ANNUAL STATUTORY STATEMENT FOR THE YEAR ENDED DECEMBER 31, 2010.

COMPANY NAME_____

ADDRESS _____

CONTACT PERSON_____

PHONE NUMBER (_____)_____OK COMPANY LICENSE# __ __ __ __

LINE	OKLA PREMIUM*	EXEMPT**	NET PREMIUM	COVERED LIVES***
Group Policies	_____	_____	_____	_____
Collectively Renewable	_____	_____	_____	_____
Non-cancelable	_____	_____	_____	_____
Guaranteed Renewable	_____	_____	_____	_____
Nonrenewable	_____	_____	_____	_____
Other Accident	_____	_____	_____	_____
All other A&H	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____

Please provide additional information on the type of policies any claim for exemption represents.
IMPORTANT NOTICE: If this form is not returned by 3/1/11 with your annual filing, the A&H premiums from your state page will be used in all calculations to determine assessments under 36 OS § 6536.4 and 6539.
*****This is "Direct Written Premium". If your company filed a state page with Oklahoma, this amount must match the exhibit. **Note:** stop loss coverage for self-insured plans is included. **Please attach a letter providing information about the exemptions claimed, specifically the types of policies and the amounts for each type.**
****** Exempt policies are policies covering: short-term accidents only; fixed-indemnity; limited benefit; specified accident; specified disease; Medicare supplement; Medicare; long term care; limited benefit expense; medical payment or personal injury coverage in a motor vehicle policy; coverage issued as a supplement to liability insurance; disability; workers compensation (36 OS § 6532(8)). FEHB premiums (federal employees) are also exempt.
*** For informational purposes only. Include Oklahoma insureds including spouses and dependents. Do not include exempt policies and reinsurance coverage where the primary insurer is also reporting covered lives.

Certification: I, _____, as an appropriate officer of the above listed Oklahoma Insurance Company, do certify the above information as true and correct to the best of my knowledge.

All inquires to:
Frazier Farley, Mgr.
P.O. Box 50429
Midwest City, OK 73140-5429
(405) 741-8434 and fax #(405) 732-8953

_____
Officer

_____
Title

_____
Print Name/Date

Revised 11/10

Oklahoma ID# _____

INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Verification of Credits Used on Premium Tax Return

Whereas, the_____, (company) , agrees, under the signature of its President and Secretary, hereto attached, and the corporate seal of the said Company, that the credits used on the 2010 Premium Tax Return meet all the requirements set out under Title 36 Section 624 and 628 for said credits used from Title 68 Section 2357.11 thru Section 2357.73.

IN WITNESS WHEREOF, We have hereto subscribed our names and affixed the corporate seal of the Company, this _____ day of _____, 20_____.

_____, President

_____, Secretary

(Seal)

Revised 11/10

3625 N. W. 56th Street, Suite 100 ♦ Oklahoma City, OK 73112
In State Toll Free 800-522-0071 ♦ (405) 521-3966 ♦ Fax (405) 522-4160

Oklahoma Department of Insurance - Calendar Year 2010
Home Office, Venture Capital, and Historical Building Rehabilitation Credit Worksheet

Please contact OID financial Division (405)521-3966
for an emailed copy of spreadsheet.

	Credits	
Direct premiums =		
Less Non-taxable premium:		
Premium public service authorities		
Federal crop, flood insurance		
Total non-taxable premium =		0
Taxable premium =		0
Tax rate =		2.25%
Gross premium tax =		0
Pension allotment rate =		0.53
Amount allocated to pension fund =		0
Amount allocated to general revenue =	Note A	0
Home office credit information:		
# of Employees Full Time in Oklahoma		
Per Statute 625.1 (A) or (B) allowable credit %		0%
Home office credit against tax =	Note A	0
Tax liability remaining after regional H.O. credit =		0
Venture Capital & Historic Rehab Credit Information:		
Percentage of general revenue allotment remaining =		100%
Amount of general revenue allotment remaining =		0
Venture capital credit taken =	Note A/B	0
Tax liability remaining after venture capital credit =		0
Historic rehab credit allowable =		0
Historic rehab credit taken =	Note A/B	
Tax liability remaining after historic rehab credit taken =		0
Total Credit Taken		0

Notes:

A - The sum of Home Office Credit, Venture Credit, and Historic Rehab Credit cannot be more than the amount allotted to the pension funds. This figure must be positive.

B - Venture Credit may be carried forward 3 years and applied to future taxes, Historic Rehab Credit may be carried forward 10 years and applied to future taxes, but may not be refunded in cash.

Revised 06-10