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.ok.gov/oid

At the top of our home page, go to Regulated Entities/Financial/2009 Annual Statement Filings. Choose the applicable company to download the appropriate 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
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 and Venture Capital Credit. This form can be e-mailed upon request in Excel format for use in calculating these credits. Each credit must be accompanied by proper documentation to receive the credit. Contact kim.lopez@oid.ok.gov for the Excel worksheet.
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.

FRATERNAL SOCIETIES

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: OKLAHOMA **Filings Made During the Year 2010**

(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
	3	Separate Accounts Annual Statement (8 ½"x 14")	1	EO	xxx	3/1	NAIC	L
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	
	11	Actuarial Certification Related Annuity Nonforfeiture Compliance	1	EO	xxx	3/1	Company	
	12	Actuarial Opinion on X-Factors	1	EO	xxx	3/1	Company	
	13	Actuarial Opinion on Separate Accounts Funding	1	EO	xxx	3/1	Company	
	14	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	1	EO	xxx	3/1	Company	
	15	Interest Sensitive Life Insurance Products Report	1	EO	xxx	4/1	NAIC	
	16	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	
	17	Long Term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	18	Management Discussion & Analysis	1	EO	xxx	4/1	Company	
	19	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	
	20	Medicare Part D Coverage Supplement	1	EO	xxx	3/1 ,5/15, 8/15, 11/15	NAIC	
	21	Reasonableness of Assumptions Certification	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	22	Reasonableness & Consistency of Assumptions Cert.	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	23	Reasonableness of Assumptions Cert. for Implied Guaranteed Rate Method	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	24	Reasonableness & Consistency of Assumptions Cert. (Updated Average Market Value)	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	25	Reasonableness & Consistency of Assumptions Cert. (Updated Market Value)	1	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	26	Risk-Based Capital Report	1	N/A	xxx	3/1	NAIC	
	27	RBC Certification required under C-3 Phase I	1	N/A	xxx	3/1	Company	
	28	RBC Certification required under C-3 Phase II	1	N/A	xxx	3/1	Company	
	29	Statement of Actuarial Opinion	1	EO	xxx	3/1	Company	
	30	Statement on non-guaranteed elements – Exhibit 5 Inter. #3	1	EO	xxx	3/1	Company	
	31	Statement on participating/non-participating policies – Exhibit 5, Inter. #1	1	EO	xxx	3/1		
	32	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	33	Trusteed Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	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	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	
	53	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	
	54	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	55	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	56	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15 & 11/15	NAIC	
	57	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15 & 11/15		
	58	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
		IV. AUDITED FINANCIAL STATEMENTS						
	71	Accountants Letter of Qualifications	1	N/A	N/A	6/1	Company	
	72	Audited Financial Statements	1	EO	xxx	6/1	Company	
	73	Audited Financial Statements Exemption Affidavit	1	N/A	N/A	12/1	Company	
	74	Change of Independent CPA	1	N/A	N/A	12/1	Company	
	75	Notification of Adverse Financial Condition	1	N/A	N/A	Within (10) days of finding	Company	
	76	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A	6/1	Company	
	77	Request for Exemption to File	1	N/A	N/A	12/1	Company	
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	0	0	1	3/1	State	
	102	Certificate of Deposit	0	0	1	3/1,3/1	State	
	103	Certificate of Valuation	0	0	1	3/1	State	
	104	Filings Checklist (with Column 1 completed)	1	0	1	3/1	State	
	105	Premium Tax Return with Payment Voucher including a copy of the State Page	1	0	1	3/1	State	B, M, N, P, Q
	106	Jurat Page with Original (Wet) Signatures	1	0	1	3/1	State	L, O
	107	Agreement and Application Form	1	0	1	3/1	NAIC	G, O
	108	Certificate of Compliance of Advertisements	1	0	1	3/1	State	O
	109	Publication Notice (only CO, GA, IN, ND, SD, and OH)	0	0	1	3/1	State	
	110	Credit Life (Exhibit A)	1	0	1	3/1	State	
	111	High Risk Pool	1	0	1	3/1	State	

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	112	Uniform Consent to Service of Process (with separate payment)	0	0	If Applicable	3/1	State	M
	113	Annual Statement (Hard Copy format)	1	0	0	3/1	NAIC	G, L, N, O
	114	Supplemental Filings	1	0	0	3/1	State	
	115	Quarterly Estimated Premium Tax Payments with Payment Vouchers	1	0	1	4/15, 6/15, 9/15, 12/15	State	
	116	Holding company registration (Form B & C) and fee	1	0	0	5/1	State	

***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.**

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		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:	B-1: Via U.S. Mail: Oklahoma Insurance Department Financial Division – Premium Tax P.O. Box 53408 Oklahoma City, OK 73152-3408 B-2: Via Courier: Oklahoma Insurance Department Financial Division – Premium Tax 2401 NW 23rd Street, Suite 28 Oklahoma City, OK 73107
	C	Mailing Address for Filing Fees:	Same as B.
	D	Mailing Address for Premium Tax Payments:	Same as B. Payment must be attached to the Premium Tax Return with Voucher.
	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 and Foreign:** Notarized signatures are required with the Company Seal on the Jurat Page of the Annual Statement.
	I	Amended Filings:	Amended items must be filed within 10 days of their amendment, along with an explanation. Signature requirements are covered in H.
	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" document will be

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			treated as a filing violation. The only exception is the Designation of Agent filing, which is only required if a change has occurred.
	N	Filings new, discontinued or modified materially since last year:	N-1: **No electronic filings** are required or accepted for the Annual Statement. N-2: Foreign Companies are only required to send the Jurat Page. **Do Not send** a hard copy of the Annual Statement or Quarterly Statement filings unless there has been a specific written request by the Department. N-3: Several credit lines have been added to the Premium Tax return. Please note that there is a worksheet provided in the instructions for the Home Office, Venture Capital and Historic Rehab Credit calculation. Each Credit must be accompanied by proper documentation to receive the credit. N-4: First (1st) quarter estimated payments will be **due on April 15th.** N-5: Please place filings in the listed order of the checklist. A checklist was added to the filing packet to ensure inclusion of all documents required by the State of Oklahoma. N-6: The Jurat Page will replace the Affidavit of Filing for all Companies.
	O	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.
	P	State Business Page:	A copy of the State 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".
	Q	Payments of Licenses, Fees, and Taxes:	Q-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. Q-2: For late payment fees, see F – late Filings.
	R	Premium Tax Forms:	Computer generated forms are acceptable as long as they are in the same format as Oklahoma's forms.
	S	Worksheets:	Worksheets are provided to aid in the calculation of Home Office Credit, Venture Capital Credit and Historic Rehabilitation Credit.

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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 investments schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

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

The ***Separate Accounts Electronic Filing*** includes the separate accounts annual statement and investment schedule detail.

The ***Separate Accounts .PDF Filing*** is the .pdf file for the separate accounts annual statement and investment schedule detail.

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 supplements due April 1.

The ***Quarterly Electronic Filing*** includes the quarterly statement data.

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

The ***June .PDF Filing*** is the .pdf file for the Audited Financial Statements.

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 (E) 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 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.

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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 its website). 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.

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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 03/10

3625 N. W. 56th St., Suite 100 ♦ P.O. Box 53408 ♦ Oklahoma City, OK 73152-3408
In State Toll Free 800-522-0071 ♦ (405) 521-3966 ♦ Fax (405) 522-2640

Oklahoma Insurance Department
Foreign Fraternal Societies Checklist

_____1. Checklist

_____ 2. Premium Tax Form with Voucher and Check for $650.00 attached and retaliatory tax if applicable

_____ 3. Copy of State Page

_____ 4. Certificate of Deposit or Valuation

_____ 5. Certificate of Compliance

_____ 6. Agreement and Application (with original signatures and seal)

_____ 7. Certificate of Compliance of Advertisements (with original signatures and seal)

_____ 8. Jurat Page

_____ 9. Publication Notice (Only for the states of CO, GA, IN, ND, SD, OH)

_____10. High Risk Form (if none, indicate “None” and return form)

_____11. Uniform Consent to Service of Process (If applicable)

Annual Premium Tax Form
Oklahoma Insurance Department

For the year ending December 31, 2009

Check appropriate box:

☐ Original Filing ☐ Amended Filing

Due March 1, 2010 to:

Oklahoma Insurance Department
Financial Division
P.O. Box 53408, 2401 N.W. 23rd, Suite 28
Oklahoma City, Oklahoma 73152-3408

Section A: Fraternal Societies Foreign Company Information

Company Name _____ Oklahoma License # _____ NAIC # _____

Address(1) _____ Address(2) _____ Domicile _____

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

Section B: Tax Liability and Fee Computation

Exemption from taxation per 36 O.S. § 2724.1 for Fraternal Benefit Societies.

			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 2010 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 6j less Line 6m) 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	Not Applicable to Domestic		
12	Not Applicable to Domestic		
13	Total Taxes and Fees (Lines 8c through 12)		$650.00

Attach voucher and check here

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.

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]

Revised 12-09

Oklahoma Insurance Department
Foreign Fraternal
Premium Tax Return Voucher
Per 36 O.S. §629(A)

Due on or before
March 1st, 2010

Company Name

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

NAIC Number **(5 digit #)**

A. Annual License Fee
(All Foreign Companies) $ 150.00
Source 2461201

B. Annual Review Fee
payment with return $ 500.00
Source 2461401

C. Retalitory Tax $ _____
Source 2460300

D. Check Amount $ _____
Check No. _____
Check Date _____

Return To: Oklahoma Insurance Department
Financial Division
P.O. Box 53408, 2401 N.W. 23rd, Suite 28
Oklahoma City, OK 73152-3408

Rev. 12/09

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 12-09

OKLAHOMA HEALTH INSURANCE HIGH RISK POOL
2009 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, 2009.

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 3/1/10 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 12/09

INSURANCE COMMISSIONER
STATE OF OKLAHOMA

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

(Pursuant to OAC §365:1-9-1(l) 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, OH, 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, 2009 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, P.O. Box 53408, Oklahoma City, OK 73152-3408 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

Oklahoma Department of Insurance - Calendar Year 2009
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.

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