KIM HOLLAND
Insurance Commissioner
STATE OF OKLAHOMA

When filing amended returns for the years 2003 through 2006 due to the changes in Section 625.1 of Title 36, please provide the following:

- A copy of the original premium tax return and home office worksheet that was filed with the Department for each of these years.

- Newly amended premium tax returns and home office worksheets for each year being amended. The newly amended premium tax return will need to be signed by the President and Secretary in addition to being notarized.

The premium tax returns and the home office worksheet have been place on the Department's website for your convenience. Also, please feel free to contact the Department for an Excel version of these documents.

2401 N.W. 23rd, Suite 28 • P.O. BOX 53408 • OKLAHOMA CITY, OK 73152-3408 • (405) 521-2828 • IN STATE 1-800-522-0071 • FAX (405) 522-2640

Annual Premium Tax Form
Oklahoma Insurance Department
For the year ending December 31, 2003
Check appropriate box:

☐ Original Filing ☐ Amended Filing

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

			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	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	Airline Credit[1] (per 68 O.S. §2357.28)		
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	Total Credits (total of Lines 6a through 6h)		-
6j	Net Premium Tax Liability (Line 5 less Line 6i) **used in calculating 2005 estimated payments**		-
6k	Prior Year Overpayment Applied to future taxes (Line 8b of prior year return)		
6l	Current Year Prepayment (do not include credits)		
6m	Total Prepayments (Line 6k and Line 6l)		-
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))**		
10	Annual Statement Review Fee (per 36 O.S. §321(C))		
11	Retaliatory Tax (Section D, Line 23, cannot be less than 0) (per 36 O.S. §624.1 and §628)		
12	Fire Marshal Tax (From Section D, cannot be less than 0) (per 68 O.S. §50001)		
13	Total Taxes and Fees (Lines 8c through 12)		-

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]

2003 Home Office Worksheet

Oklahoma Department of Insurance
Home Office and Venture Capital Credit Worksheet

Please contact OID Financial Division (405) 521-3966
for an e-mailed copy of spreadsheet.

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 36 O.S. §625.1 (A) or (B) Allowable credit %		
Home Office Credit against tax =	**Note A**	
Tax after regional H.O. credit =		0

Notes:

A - The sum of Home Office Credit cannot be more than the allowable liability. This figure must be positive.

Annual Premium Tax Form
Oklahoma Insurance Department
For the year ending December 31, 2004
Check appropriate box:

☐ Original Filing ☐ Amended Filing

Company Name | Oklahoma License # | NAIC #

Address(1) | Address(2) | Domicile

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

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6g	Home Office Credit[1] (per 36 O.S. §625.1) See Worksheet	-	
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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]

2004 Home Office Worksheet

Oklahoma Department of Insurance
Home Office and Venture Capital Credit Worksheet

Please contact OID Financial Division (405) 521-3966
for an e-mailed copy of spreadsheet.

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 =		0.589
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 36 O.S. §625.1 (A) or (B) Allowable credit %		
Home Office Credit against tax =	Note A	
Tax after regional H.O. credit =		0

Notes:

A - The sum of Home Office Credit cannot be more than the allowable liability. This figure must be positive.

Annual Premium Tax Form
Oklahoma Insurance Department
For the year ending December 31, 2005
Check appropriate box:

☐ Original Filing ☐ Amended Filing

Company Name | Oklahoma License # | NAIC #

Address(1) | Address(2) | Domicile

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

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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]

2005 Home Office Worksheet

Oklahoma Department of Insurance
Home Office and Venture Capital Credit Worksheet

Please contact OID Financial Division (405) 521-3966
for an e-mailed copy of spreadsheet.

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 =		0.648
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 36 O.S. §625.1 (A) or (B) Allowable credit %		
Home Office Credit against tax =	Note A	
Tax after regional H.O. credit =		0

Notes:

A - The sum of Home Office Credit cannot be more than the allowable liability. This figure must be positive.

Annual Premium Tax Form
Oklahoma Insurance Department
For the year ending December 31, 2006
Check appropriate box:

☐ Original Filing ☐ Amended Filing

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

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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]

2006 Home Office Worksheet

Oklahoma Department of Insurance
Home Office and Venture Capital Credit Worksheet

Please contact OID Financial Division (405) 521-3966
for an e-mailed copy of spreadsheet.

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 =		0.648
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 36 O.S. §625.1 (A) or (B) Allowable credit %		
Home Office Credit against tax =	Note A	
Tax after regional H.O. credit =		0

Notes:

A - The sum of Home Office Credit cannot be more than the allowable liability. This figure must be positive.