

MONTHLY BAIL BOND STATEMENT

of the

(Insurance Company)

Made to

Glen Mulready, Commissioner of
Insurance of the State of Oklahoma

For the Period Ended: _____
(month/year)

Statements are to be filed with:

Attn: Lewis Garrison
Lewis.Garrison@oid.ok.gov
 Oklahoma Insurance Department
 3625 NW 56th St, Suite 100
 Oklahoma City, OK 73112

Monthly statements are to be filed on or before the 30th of the following month.
 All items in this report are required by Title 36 OS § 4904(C).

Statement of the _____ For the Period Ended _____
 (Name of Company)

OKLAHOMA

Total Outstanding Bail Bond Liability	
Previous Month Liability	\$ _____
Liability Incurred	_____
Liability Discharged	< _____ >
Liability Adjustment (*1)	+/- _____
Total Outstanding Bail Bond Liability	\$ _____

Direct Written Premium (*2) \$ _____ (a)

Loss Paid (*3) \$ _____ (b)

Loss Ratio Incurred (b) ÷ (a) _____

(*2) Premium is defined as total dollar volume collected by agents, general agents, etc. for the company.

(*3) Losses are defined as total dollar value forfeited, given up, seized, or paid due to failure to meet bond requirements by the company, and/or it's general agents and/or their agents.

Build Up Fund

Total balance maintained by agents, general agents, & company last month	\$ _____
Current monthly contributions	_____
Balance as of <u>this month</u> (*4)	\$ _____

(*4) Use the BUF Account Information page for additional details about the BUF accounts.

(*1) Please explain any adjustments added or subtracted to the bail liability above. **Not to be used for loss pay and ratio or build up fund:** _____

Please list any administrative action taken by other states against the Company (updated every month):

Please list any agents or bondsmen, whose contracts have been cancelled by the Company and/or its' general agents: _____

Statement of the _____ For the Period Ended _____
(Name of Company)

Attestation Page

Contact person's information should questions arise regarding this monthly bail bond filling:

Name: _____ Phone number: _____

Email: _____

I state that I have fully read and understand this monthly bail bond statement and that the answers supplied therein are true and correct to the best of my knowledge and belief, and I further state that I recognize the applicable insurance laws of the State of Oklahoma and the rules and regulations of the Oklahoma Insurance Commissioner governing this monthly bail bond statement, Title 36 OS § 4904(C).

Officers Name

Officers Title

Statement of the _____
 (Name of Company)

For the Period Ended _____

BUF ACCOUNT INFORMATION

Bank Information*	Bail Agent Name	Account Number	Beginning Balance	Debit	Credit	Ending Balance
Total:						

*Use a separate list if needed.

Statement of the _____
(Name of Company)

For the Period Ended _____

COLLATERAL COLLECTED

Bail Agents Name	Date of Bond	Case No	Defendant's Name	Description of Collateral*	Location of Collateral

COLLATERAL RETURNED

Bail Agents Name	Date of Bond	Case No	Defendant's Name	Description of Collateral*	Location of Collateral

*List of collateral held by Insurer and/or it's Bondsmen

Statement of the _____
(Name of Company)

For the Period Ended _____

DEPOSITS CURRENTLY HELD BY OKLAHOMA COMMISSIONER

Security Description	Par Value	Statement Value	Market Value