Domestic Premium Tax Form (Pre-Paid Dental)
Oklahoma Insurance Department

For the year ending December 31, _____

Check appropriate box:

☐ Original Filing ☐ Amended Filing

Due March 1, to:

Oklahoma Insurance Department
Financial Division
3625 N W 56th Street, Suite 100
Oklahoma City, Oklahoma 73112

Section A: 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

1	Prepaid charges from Oklahoma Members	
2	Tax Liability (Line 1 times 2%)	
3	Oklahoma State Corporate Income Tax (Attach Copy)	
4	Net Tax Liability (Line 2 less Line 3)	
5	Prior Year Overpayment	
6	Current Year Prepayment	
7	Premium Tax Liability Due (Line 4 less Lines 5 and 6. If negative, enter 0 on Line 7 and enter the amount to be refunded or applied to future taxes on Line 7a)	
7a	Amount refunded:_____or applied to future taxes:_____. **Line 7a can not be used as a deduction for Oklahoma Fees.**	
8	Other Fees and Taxes:	
a	Annual Statement Review Fee	$100.00
b	Other (specify)[1] _____	
9	Total Taxes and Fees (Line 7 plus Lines 8a through 8b) **This is to be the amount of the check enclosed.**	

[1] Provide supporting documentation for these deductions. If supporting documentation is inadequate, the deductions will be disallowed for premium tax purposes.

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 _____, 19 _____. State of: _____ County of: _____

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

(SEAL)

Revised 10/12