



INSURANCE COMMISSIONER
STATE OF OKLAHOMA

NAIC #

**FOR PUBLICATION IN THE STATE OF OKLAHOMA SYNOPSIS OF THE ANNUAL STATEMENT
(Pursuant to OAC §365:1-9-1(I) 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, SD.

Company Name	
Company Address	
City, State, Zip	
Telephone Number	

Total Admitted Assets		Oklahoma Direct Written	
Total Liabilities		Premium	
Surplus		Oklahoma Direct Claims Paid	

By selecting agree in the field below, the authorized officer of the company certifies, under penalties provided by the laws of Oklahoma, that this premium tax return (including accompanying schedules, statements and supporting documents) has been examined and is to the best of the authorized officer's knowledge, information, and belief, a true, correct and complete premium tax return, made in good faith for the taxable period indicated.

Attestation (select one)

Agree: YES NO

(Authorized Officer)

(Date)

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, 3625 N W 56th Street, Suite 100, Oklahoma City, OK 73112 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