



Oklahoma Insurance Department
State of Oklahoma

3625 N.W. 56th Street, Suite 100, Oklahoma City, OK 73112
(405) 521-3966

SL-3a

SURPLUS LINES INSURANCE
BROKER QUARTERLY SUMMARY REPORT

Quarter, 20 (Quarter) (Year)

(Broker Name) (S/L License Number) (Telephone Number)

Resident Non-Resident (check one)

STATE OF

COUNTY OF

I, (Name of Broker), (Office Held if Applicable) hereby affirm

(Agency Name if Applicable) (address)

that the information inscribed on the Surplus Lines Broker Form(s) and the Summary of Operations attached to this report are true and correct to the best of my knowledge and belief and I further affirm that I have read them carefully and am personally informed of the contents contained herein and the accuracy of both the Surplus Lines Broker's Form(s) and Summary of Operations and having read the same and possessing the knowledge of their accuracy, I hereby certify that the statements and matters contained therein are true and correct.

Sworn and subscribed to this the day of, 20.

AFFIANT
NOTARY

STATE OF

COUNTY OF

Before me, a Notary Public in and for County, on this day personally appeared, known to me to be the person set out in the above affidavit, and acknowledge to me that he/she executed the same for the purposes and consideration therein stated, and in the official capacity therein stated, and that the same are true and correct.

Given under my hand and seal of office this the day of, 20.

(Notary Public)

My Commission expires

Seal:

THIS EXECUTED BROKER QUARTERLY SUMMARY REPORT VERIFIES UNDER OATH THE ACCURACY OF THE ATTACHED INFORMATION.