



**OKLAHOMA INSURANCE DEPARTMENT
SURPLUS LINES INSURANCE
DIRECT PLACEMENT SUMMARY OF OPERATIONS**

DSL-3b

Insured's Name _____

Total Tax Remitted \$ _____

6 digit Oklahoma Company Number (1)	Surplus Lines Insurance Carrier (2)	Policy Number (3)	Premium (4)	Premium Tax Due (6%) (5)	Premium Credit (6)	Tax Credit (6%) (7)	Total Tax Paid (5) – (7) = (8) (8)
TOTAL :							

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