Oklahoma Insurance Department
State of Oklahoma

DSL-3d

SURPLUS LINES INSURANCE
DIRECT PLACEMENT CREDIT OR REFUND FORM

Indicate Month and Year original tax was reported and paid: _____ _____
Month Year

I, _____ of _____
Name of Affiant *Name of Insured*

_____ _____
Insured's Principle Mailing Address *City, State & Zip*

hereby attest that said policy has been cancelled in full, cancelled in part, or has had a reduction in premium. Please submit the following as proof of the original payment and proof of the reason for the refund as required by OKLA. ADMIN. CODE § 365:25-3-13 (g):

1. **A copy of the cleared check remitted to the Oklahoma Insurance Department for the tax payment at issue**
2. **A copy of the declarations page issued with the original policy from the insuring company**
3. **Either a notice of cancellation or a notice of premium refund from the insuring company**

Policy or Certificate Number _____ **Effective from** _____ **to** _____

_____ _____
Name of Unauthorized Insurer **Oklahoma Company Number (if applicable)**

Reason Premium Returned _____

Premium Returned to Insured $ _____ **Requested Tax Refund/Credit $** _____

Instructions to Insurance Commissioner: **Refund**
Apply as Credit Credit

THIS FORM MUST BE SUBMITTED WITH AN EXECUTED DIRECT PLACEMENT SUMMARY REPORT

Rule 365:25-3-13 "Any claim for a tax credit/refund shall be filed following the close of the calendar quarter that contains the policy period considered in computing the tax credit/refund three (3) years from the date of tax payment".