



Oklahoma Insurance Department
State of Oklahoma

400 NE 50th Street, Oklahoma City, OK 73105
(405) 521-6649

DSL-3a

SURPLUS LINES INSURANCE
DIRECT PLACEMENT SUMMARY REPORT

For the Month of _____, 20_____

STATE OF _____

COUNTY OF _____

I, _____, _____, of
(Name of Affiant) (Position Held if Applicable)

_____,
(Name of Insured)

hereby affirm that the information inscribed on the Insured's Form Regarding Direct Placement 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 Insured's Form Regarding Direct Placement 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 REPORT VERIFIES UNDER OATH THE ACCURACY OF THE ATTACHED INFORMATION.