NAIC #

KIM HOLLAND
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

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

Company Name:

Company Address:

Company City, State, Zip:

Company Phone Number:

Total Admitted Assets:

Total Liabilities:

Surplus:

Oklahoma Direct Written Premium:

Oklahoma Direct Claims Paid:

We do hereby certify that the above items are in accordance with the Annual Statement for the year ended December 31, 20 , made to the Insurance Commissioner of the State of Oklahoma.

Name of President **Signature** **of President /s/**

Name of Secretary **Signature of Secretary /s/**

Complete and return to wngates.com, Inc. ~ 1301 Skippack Pike ~ Suite 7A#211 ~ Blue Bell, PA 19422

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