## Service Warranty
## Quarterly Administrative Fee Statement

According to Title 15 O.S. § 141.14: Licensed Service Warranty Associations are "subject to an administrative fee equal to two percent (2%) of the gross provider fee received on the sale of all service contracts issued in this state during the preceding calendar quarter."

Service Warranty Administrative fees are due 30 days after the end of each quarter. Please use the form below to calculate the administrative fees and complete the corresponding voucher. Mail both forms to the address on the payment voucher.

**Company Name:** _____

**Contact Name:** _____ **Phone Number:** _____

**Email Address:** _____

**Name of Administrator (if applicable):** _____

**For Period Ending:** _____

### PROVIDER FEES COLLECTED

Please calculate the administrative fees by multiplying the gross provider fee by 2%. The total is the amount owed to the Oklahoma Insurance Department. The table below is broken down into quarters. Please calculate the administrative fees in the appropriate quarter.

| Column1 | Column 2 | Fee Due to Oklahoma Insurance Department |
|---|---|---|
| Gross Provider Fee for Oklahoma | Multiply by .02 or (2%) | Total |
| **First Quarter** | | |
| | .02 | 0.00 |
| **Second Quarter** | | |
| | .02 | 0.00 |
| **Third Quarter** | | |
| | .02 | 0.00 |
| **Fourth Quarter** | | |
| | .02 | 0.00 |

## Due Dates

| |
|---|
| **First Quarter**- (Jan-March) Filing due by last day of April |
| **Second Quarter**- (April-June) Filing due by last day of July |
| **Third Quarter**- (July-Sep) Filing due by last day of October |
| **Fourth Quarter**- (Oct-Dec) Filing due by last day of January |

**Oklahoma Insurance Department**
**Service Warranty Association**
**Administrative Fee Voucher #1**
**Per 15 O.S. §141.14**

**Due on or before**
**April 30th, 2015**

**A.** Amount of quarterly due from worksheet: 0.00

**B.** Less overpayment from previous quarter: _____

**Company Name** _____

Remaining balance: 0.00

Source No. **2461209-151**

**Oklahoma Lic #** _____
**(6 digit #)**

Check No. _____

Check Date _____

**Return To:** Oklahoma Insurance Department
**Financial Division/Lauren Bouse**
3625 N W 56th Street, Suite 100
Oklahoma City, OK 73112

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**Oklahoma Insurance Department**
**Service Warranty Association**
**Administrative Fee Voucher #2**
**Per 15 O.S. §141.14**

**Due on or before**
**July 31st, 2015**

**A.** Amount of quarterly due from worksheet: 0.00

**B.** Less overpayment from previous quarter: _____

**Company Name** _____

Remaining balance: 0.00

Source No. **2461209-152**

**Oklahoma Lic #** _____
**(6 digit #)**

Check No. _____

Check Date _____

**Return To:** Oklahoma Insurance Department
**Financial Division/Lauren Bouse**
3625 N W 56th Street, Suite 100
Oklahoma City, OK 73112

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**Oklahoma Insurance Department**
**Service Warranty Association**
**Administrative Fee Voucher #3**
**Per 15 O.S. §141.14**

**Due on or before**
**October 31st, 2015**

**Company Name**

**Oklahoma Lic #**
**(6 digit #)**

**A.** Amount of quarterly due from worksheet: 0.00

**B.** Less overpayment from previous quarter:

Remaining balance: 0.00

Source No. **2461209-153**

Check No.

Check Date

**Return To:** Oklahoma Insurance Department
**Financial Division/Lauren Bouse**
3625 N W 56th Street, Suite 100
Oklahoma City, OK 73112

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**Oklahoma Insurance Department**
**Service Warranty Association**
**Administrative Fee Voucher #4**
**Per 15 O.S. §141.14**

**Due on or before**
**January 31st, 2016**

**Company Name**

**Oklahoma Lic #**
**(6 digit #)**

**A.** Amount of quarterly due from worksheet: 0.00

**B.** Less overpayment from previous quarter:

Remaining balance: 0.00

Source No. **2461209-154**

Check No.

Check Date

**Return To:** Oklahoma Insurance Department
**Financial Division/Lauren Bouse**
3625 N W 56th Street, Suite 100
Oklahoma City, OK 73112

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