

SERVICE WARRANTY ASSOCIATION

FINANCIAL STATEMENT

As of _____, 20____

OF THE CONDITION AND AFFAIRS OF

(Company Name)

Incorporated/Formed under the Laws of the State of _____ Commenced Business _____

Headquarters _____
(Street and Number) (City, State, Zip) (Phone)

Mailing Address: _____
(Street and Number or PO Box) (City, State, Zip) (Phone)

Primary Location of Books and Records if Different than above:

(Street and Number or PO Box) (City, State, Zip) (Phone)

Name of Administrator (if applicable): _____

Financial Statement Contact Person: _____ Phone Number: _____

Email Address: _____

OFFICERS

DIRECTORS OR TRUSTEES

State of _____)
County of _____) ss

The above, being duly sworn, each deposes and says that they are the above described officers of the said Service Warranty Association, and that on the above indicated date all of the herein described assets were the absolute property of the said Service Warranty Association, free and clear from any liens or claims thereon, except as herein stated, and this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to are a full and true statement of all the assets and liabilities and of the condition and affairs of the said Service Warranty Association and of its income and deductions therefrom for the above indicated date, and have been completed in accordance with State laws, rules and regulations and to the best of their information, knowledge and belief, respectively.

President Secretary Treasurer

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Signature

[seal]

My Commission Expires: _____

SERVICE WARRANTY ASSOCIATION

Company Name _____

For the year ended _____

INCOME STATEMENT

WARRANTY BUSINESS ONLY	Year to Date	Prior Year to Date
Provider Fees earned (In all states).....		
Less deductions:		
Warranty losses incurred.....		
Other underwriting expenses		
a.		
b.		
c.		
Total Underwriting Deductions		
Net Underwriting Gain (Loss)		
Net investment income.....		
Net realized capital gains or (losses).....		
Net Investment Income		
Other income:		
a.		
b.		
c.		
Other expense:		
a.		
b.		
c.		
Total Other Income		
Federal Income Taxes incurred.....		
Net Income		

The following should be completed for all income derived from sources other than warranty business.

	OTHER SOURCES OF INCOME	
	Year to Date	Prior Year to Date
Total Revenues		
Total Expenses.....		
Net income before other income and income tax.....		
Other income		
Other expense		
Income tax expense		
Net income.....		

	Warranty Business	Other Sources	Total	Warranty as % of Other
Provider Fees and Revenues.....				
Net Income				

Service Warranty Association Quarterly Administrative Fees

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.

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 less what the company has already submitted throughout the year. The table below is broken down into quarters. Please calculate the gross provider fee collected and the appropriate administrative fees for each quarter during the year.

	Gross Provider for Oklahoma	Multiply by .02 or (2%)	Total Administrative Fee Due	Amount Previously Paid for this Quarter	Difference
First Quarter					
Second Quarter					
Third Quarter					
Fourth Quarter					
			Total :		

Please check here if the company is approved to pay the reduced administrative fee. If the company paid the reduced administrative fee, the **“Gross Provider for Oklahoma” amount will still need to be filled out for each quarter.** The company will not add anything to the “Total Administrative Fee Due” or the “Amount Previously Paid for this Quarter” sections.