

# State Publishing Company

*State Regulatory Compliance Publishing*

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## Oklahoma Information

The charge for publishing and processing your Oklahoma Synopsis of the Annual Statement is \$75 per company.

The required elements of your Synopsis will be published in an authorized newspaper. After publication, the publisher's affidavit with newspaper clipping attached will be filed with the Oklahoma Insurance Commissioner on your behalf. A copy of the affidavit will be sent to you for your files via email.

**Step 1:** Complete the fields below.

**NAIC:** \_\_\_\_\_

Person Authorizing Publication of Statement

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Person to Receive Affidavit of Publication (will be sent via email)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Step 2:** Enter your company's information in the required fields on Page 2.

**Step 3:** When you are ready to submit your form for publishing, click on the "Submit Form" button in the upper right hand corner. This form may be saved for submission at a future time.

**Step 4:** Print the invoice on Page 3 and submit for payment, or check the box on Page 3 to pay via credit card or EFT.



INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

**FOR PUBLICATION IN THE STATE OF OKLAHOMA  
SYNOPSIS OF THE ANNUAL STATEMENT**

(Pursuant to OAC §365:1-9-1(I) 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, SD.**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company City, State, Zip: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Total Admitted Assets	\$	Oklahoma Direct Written Premium	\$
Total Liabilities	\$	Oklahoma Direct Claims Paid	\$
Surplus	\$		

We do hereby certify that the above items are in accordance with the Annual Statement for the year ended December 31, 2024 made to the Insurance Commissioner of the State of Oklahoma.

\_\_\_\_\_  
Name of President

\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
Name of Secretary

\_\_\_\_\_  
Signature of Secretary

**State Publishing Company**

P. O. Box 60485  
Nashville, TN 37206  
615-336-7599

**INVOICE**

TO:

DESCRIPTION	AMOUNT
<p data-bbox="285 648 932 716">Publication of Oklahoma Synopsis of the Annual Statement Year Ending 2024</p> <p data-bbox="112 1024 1052 1052">To receive an invoice with a link to pay via credit card or EFT, check this box:</p> <p data-bbox="112 1087 980 1115">Email address of person to receive invoice with electronic payment link:</p> <hr data-bbox="112 1213 980 1220"/>	<p data-bbox="1422 648 1500 676">75.00</p>
TOTAL	75.00

Make checks payable to State Publishing Company.  
If you have any questions concerning this invoice, contact Susan Cooke at 615-336-7599 or [susan.cooke@statepublishingcompany.com](mailto:susan.cooke@statepublishingcompany.com).

**Thank you for your business!**