

Ohio Department of Insurance

John R. Kasich – Governor
Mary Taylor – Lt. Governor/Director



STATEMENT OF PREMIUM TAXES FOR UNAUTHORIZED INSURERS

Director of Insurance of the State of Ohio:

The _____ (Company Name) incorporated under the laws of _____ ,
and with principal offices located at _____
hereby submit the following statement for the calendar year, ending March 31, 2 _____ , as required by, and in accordance with
the provisions of section 3905.36 of the Ohio Revised Code.

Premium Tax

Name of Insured: _____

Address of Insured: _____

Subject of Insurance: _____

General Description of Coverage: _____

1. Gross Premiums	
2. Tax at rate of 5%	

Please return this form, along with your remittance to:

MAILING ADDRESS:

Treasurer, State of Ohio
P.O. Box 163458
Columbus, OH 43216-3458

Make checks or money orders payable to "Treasurer, State of Ohio"

State of _____

County of _____ ss.

_____, President, _____, Secretary of the
_____, being duly sworn, each for himself deposes and says that he is the officer indicated
above of the said company, and that the amounts as set forth in this exhibit are correct according to the best of his knowledge and
belief.

Subscribed and sworn to before me this _____ day of _____ 2 _____

Seal

President

Secretary

Notary