



**Department of
Insurance**

Mike DeWine, Governor
Jon Husted, Lt Governor

Judith L. French, Director

**Direct Procurement Statement of Premium Taxes for
Insurance with Unauthorized Insurers**

OPRAS Division (PC), 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
1-614-644-2635 | insurance.ohio.gov

For the calendar year _____, as required by, and in accordance with the provisions of section 3905.36 of the Ohio Revised Code, the following information and tax monies are provided:

Name of Insured: _____

Address of Insured: _____

Location or Subject of Insurance: _____

Type of Insurance Policy: _____

Name of Insurer: _____

Contact Information of Person Completing Form:

Name: _____

Email Address: _____

Phone Number: _____

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

Please return this form, along with payment payable to “Treasurer, State of Ohio” to:

MAILING ADDRESS:

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

or

OVERNIGHT DELIVERY ADDRESS:

Treasurer, State of Ohio
30 E. Broad Street
9th Floor – Attn: Revenue Management
Columbus, OH 43215

Payment by Check or Money Order ONLY; No EFT, ACH or Credit Card Options Available.

The prior calendar year’s Surplus Lines Taxes are due **March 31st**. Payments received after the due date will be assessed as a **25% late payment penalty**. If you have any questions regarding payments, please contact **Surplus.Lines@insurance.ohio.gov**.