

Surplus Lines Broker Quarterly Summary Report

(Required by NMSA 1978 Section 59A-14-11 C&D)

Name of Broker/Agency

Address of Broker/

Agency

License Number

I hereby submit to the New Mexico Office of Superintendent of Insurance this summary of all surplus lines insurance I placed during the quarter beginning and ending

All documents required by NMSA 1978 Section 59A-14-11 and 13 NMAC 19.2.17.3 to be filed with the Superintendent are attached.

I certify that the information on this form is true and correct and is in compliance with the applicable provisions of the New Mexico Insurance Code and that the information on the spreadsheet is identical to the documentation.

By selecting agree in the field below, the authorized broker certifies, under penalties provided by the laws of New Mexico that this Surplus Lines Broker Quarterly Summary Report has been examined and is to the best of the authorized broker's knowledge, information, and belief, a true, correct and complete premium tax return, made in good faith for the taxable period indicated.

Affidavit (Check one)

<input type="checkbox"/>	Agree
<input type="checkbox"/>	Do Not Agree

(Authorized Broker)

(Date)