



**QUARTERLY REPORT OF SURPLUS LINES BUSINESS**  
**Transacted Under NEB. REV. STAT. §§ 44-5501 to 44-5515**  
**SECTION I - PREMIUM TRANSACTION LISTING BY POLICY**

FILING TYPE (check one): Individual  Corporation (Agency)  Purchasing Group  Exempt Commerical Purchaser  QUARTER ENDING \_\_\_\_\_

NAME OF SURPLUS LINES LICENSEE \_\_\_\_\_ LICENSE # OF SURPLUS LINES LICENSEE \_\_\_\_\_  
 REPORT IS BEING FILED FOR \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

NAME OF PURCHASING GROUP OR EXEMPT COMMERCIAL PURCHASER \_\_\_\_\_

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
NAIC #	Name of Insurance Co.	Policy #	Date of Coverage	Name of Insured	Brief Description of Policy Coverage and Property or Exposure Insured	Tax Rate	Premium Received	Return Premium	Total Tax (Refund)	Multi-State Y or N	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
<b>Subtotal</b>											
<b>GRAND TOTAL</b>											

Complete Columns 1 – 11. Be sure to enter totals on each sheet. Enter Grand Total on last page.

**MULTI-STATE RISK: If Column 11 is marked Y, you must attach the Nebraska Supplemental Surplus Lines Reporting Form for each policy.**

I swear that to the best of my knowledge and belief that this report is a true and complete statement of all activities during the time period. In addition, with regards to the coverages described in this quarterly report that, to the best of this licensee's knowledge and belief, this licensee could not reasonably procure such coverages from an admitted insurer.

\_\_\_\_\_  
 Signature of Licensed Surplus Lines Licensee



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**SECTION II - SUMMARY BY INSURANCE COMPANY**

Section II

QUARTER ENDING \_\_\_\_\_

FILING TYPE (check one):

Individual  Corporation (Agency)  Purchasing Group  Exempt Commercial Purchaser

NAME OF SURPLUS LINES LICENSEE \_\_\_\_\_

LICENSE # OF SURPLUS LINES LICENSEE REPORT IS BEING FILED FOR \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT \_\_\_\_\_ TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

NAME OF PURCHASING GROUP OR EXEMPT COMMERCIAL PURCHASER \_\_\_\_\_

(1)	(2)	(3)	(4)
NAIC #	NAME OF INSURANCE COMPANY (one line per company)	TOTAL PREMIUMS LESS RETURN PREMIUMS	TAX
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
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22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
<b>TOTALS</b>			