



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											
Subtotal											
GRAND TOTAL											

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



QUARTERLY REPORT OF SURPLUS LINES BUSINESS
Transacted Under NEB. REV. STAT. §§ 44-5501 to 44-5515
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			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
TOTALS			