



QUARTERLY STATEMENT

AS OF JUNE 30, 2022
OF THE CONDITION AND AFFAIRS OF THE

Oklahoma Surety Company

Organized under the Laws of _____, State of Domicile or Port of Entry _____ OH
NAIC Group Code 0084 (Current) NAIC Company Code 23426 Employer's ID Number 73-0773259

Country of Domicile _____ United States of America

Incorporated/Organized 08/05/1988 Commenced Business 08/05/1988

Statutory Home Office 301 E. 4th Street (Street and Number) Cincinnati, OH, US 45202 (City or Town, State, Country and Zip Code)

Main Administrative Office 1437 South Boulder Dr. (Street and Number) Tulsa, OK, US 74119 (City or Town, State, Country and Zip Code)

Mail Address P.O. Box 1409 (Street and Number or P.O. Box) Tulsa, OK, US 74101 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1437 South Boulder Dr. (Street and Number) Tulsa, OK, US 74119 (City or Town, State, Country and Zip Code)

Internet Website Address http://www.mcq-ins.com/ (Area Code) (Telephone Number)

Statutory Statement Contact Gregory Patrick Jones (Name) 918-587-7221-6125 (Area Code) (Telephone Number)
gones@mcq-ins.com (E-mail Address) 918-588-1253 (FAX Number)

OFFICERS

President and COO Barrett Farmer Leahy # Senior Vice President, CFO & Treasurer
Assistant Secretary Sharon Lee Anne Hackl Gregory Patrick Jones

OTHER

David Lawrence Thompson Jr. #, Chairman Raymond Herbert Corley #, Senior Vice President Todd Anthony Bazata, Vice President
John Allen Gant, Senior Vice President Robert Dewayne Martin, Senior Vice President & Chief Information Officer Magdalena Franziska Kulik Grossman, Chief Compliance Officer
Matthew David Felvus, Secretary Stephen Charles Beraha, Assistant Secretary Howard Kim Baird, Assistant Treasurer
David John Witzgall, Assistant Treasurer Robert Jude Zbacnik, Assistant Treasurer Michael Eugene Sullivan Jr #, Vice Chairman

DIRECTORS OR TRUSTEES

David Lawrence Thompson Jr Michelle Ann Gillis
David John Witzgall Anthony Joseph Mercurio
Michael Eugene Sullivan Jr

State of _____ Ohio
County of _____ Hamilton SS: _____

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that (1) state law may differ, or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Barrett Farmer Leahy *Sharon Lee Anne Hackl* *Gregory Patrick Jones*
Barrett Farmer Leahy Sharon Lee Anne Hackl Gregory Patrick Jones
President and COO Assistant Secretary Senior Vice President, CFO & Treasurer

Subscribed and sworn to before me this _____ day of _____, 2022

Sonya L. Embry
Sonya L. Embry
Notary Public, State of Oklahoma
My Commission expires December 28, 2024

a. Is this an original filing? _____ Yes [X] No []
b. If no,
1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

