

OKLAHOMA INSURANCE DEPARTMENT

AGENT LICENSING LIST SERVICES

One or more agent licensing lists may be requested for a search fee of \$5.00 plus .40 cents per page (fee total determined by amount of pages in the spreadsheet, and not by the list output format), and will be provided via your choice of E-mail or CD in Microsoft Excel format. The list will include Name, Mailing Address, Oklahoma License Number, Date First Licensed, and Date License Expires. Fax list request to 405-522-3642.

IMPORTANT NOTE: Fees could amount to a large sum of money based on the data requested with this list request. Be advised, any and all fees involved for this list request are due and payable to the Oklahoma Insurance Department without regard to your acceptance of the actual list generated and/or the total fee incurred for the list within 30 business days from the completion date of this list request. Your signature below hereby acknowledges and accepts the terms of payment outlined within this list request.

Once the list has been generated, a representative from the Oklahoma Insurance Department will contact you to advise the total fee for your requested list(s). Please be advised, list requests may take 5-10 business days to process in most cases.

Payment by check or money order must be received along with a copy of this list request, by the Oklahoma Insurance Department, PO Box 53408, Oklahoma City, OK 73152-3408, or 2401 NW 23rd St., Ste. 28, Oklahoma City, OK 73107, before the report will be provided to you.

Contact Information			
Name: REQUIRED		Attention: REQUIRED	
Mailing Address: REQUIRED			
City: REQUIRED		State: REQUIRED	Zip: REQUIRED
Telephone #: REQUIRED	Email Address: REQUIRED		Date: REQUIRED
Print Requestor's Name: REQUIRED		Requestor's Signature: REQUIRED	

Provide list by: E-mail CD Use the check boxes below to select one or more lists:

- | | | |
|---|--|--|
| <input type="checkbox"/> All Resident Property, Casualty Agents | <input type="checkbox"/> Non-Resident Agents | <input type="checkbox"/> Title Agents |
| <input type="checkbox"/> All Resident PC Personal | <input type="checkbox"/> Variable Annuity Agents | <input type="checkbox"/> Customer Services Representatives |
| <input type="checkbox"/> All Resident Life Agents | <input type="checkbox"/> Resident Adjusters | <input type="checkbox"/> Third Party Administrators |
| <input type="checkbox"/> All Resident A&H Agents | <input type="checkbox"/> Agencies | <input type="checkbox"/> Surplus Lines Brokers |
| <input type="checkbox"/> All Resident Agents | <input type="checkbox"/> All Agent Appointments by Company | |

Enter the NAIC 5 digit company code *REQUIRED* and insurance company name for each company to be included in your list. Continue the list on the next page to include more company selections.	
NAIC # *REQUIRED*	Insurance Company Name

