



**OKLAHOMA INSURANCE DEPARTMENT  
FINANCIAL DIVISION**

**3625 NW 56<sup>th</sup> ST, SUITE 100 • OKLAHOMA CITY, OKLAHOMA 73112  
(405) 521-6648 • TOLL FREE (IN STATE) 1-800-522-0071 • FAX: (405) 522-4160**

**APPLICATION FOR INDIVIDUAL THIRD PARTY ADMINISTRATOR LICENSE**

**(Individual licenses are only required for the partners of entities organized as partnerships or limited liability partnerships)**

1. (Mr.) \_\_\_\_\_  
(Mrs.) \_\_\_\_\_  
(Miss) \_\_\_\_\_ Maiden Name \_\_\_\_\_  
(First) (Middle) (Last)

2. Residence \_\_\_\_\_  
(Street No.) (City) (State)

3. Business Address: \_\_\_\_\_  
(Street No.) (City) (State)

4. Telephone Number ( ) \_\_\_\_\_ Business Telephone ( ) \_\_\_\_\_

5. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

6. Soc. Sec. No. \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

7. Are you a U.S. citizen and/or a permanent U.S. resident? \_\_\_\_ Yes \_\_\_\_ No  
If no, attach a copy of your Permanent Resident Card (Green Card), Visa or Work Authorization Card - front and back.

8. Are you now, or have you ever been, licensed by any State Insurance Department? \_\_\_\_\_  
If yes, what states? \_\_\_\_\_

9. What kind of business will the TPA be conducting?  
\_\_\_\_stop loss \_\_\_\_collecting premium \_\_\_\_paying claims \_\_\_\_adjusting or settling claims

10. Please list the names of the insurers or trust the TPA has or will have an agreement with (please attach additional pages if necessary):

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

11. Please list the home state as defined in TITLE 36 O.S. §, 1450  
\_\_\_\_\_

12. Employment record for the past five (5) years, starting with your present occupation:  
**(Use the section below, 12a-12d to complete this question. Add additional pages if needed)**

12a. Nature of Work \_\_\_\_\_

From – To: \_\_\_\_\_

Employers Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street No.) (City) (State) (Zip)

Reason for Leaving: \_\_\_\_\_

12b. Nature of Work \_\_\_\_\_  
Working Dates (From – To): \_\_\_\_\_  
Employers Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
(Street No.) (City) (State) (Zip)  
Reason for Leaving: \_\_\_\_\_

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12c. Nature of Work: \_\_\_\_\_  
Working Dates (From – To): \_\_\_\_\_  
Employers Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
(Street No.) (City) (State) (Zip)  
Reason for Leaving: \_\_\_\_\_

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12d. Nature of Work \_\_\_\_\_  
Working Dates (From – To): \_\_\_\_\_  
Employers Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
(Street No.) (City) (State) (Zip)  
Reason for Leaving: \_\_\_\_\_

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13. Other than as given above, what experience, education or training have you had which, in your opinion, equips you as an insurance administrator? \_\_\_\_\_  
\_\_\_\_\_

14. Have you or any member of your firm ever been convicted of any crime of theft, embezzlement, failure to account, or any other irregularities in money transactions? \_\_\_\_\_ If so, give details on a separate sheet and attach a Certified copy of Final Judgment and Sentencing Order, Order of Dismissal or Order of Expungement (application will be returned without these documents).

15. Have you or any member of your firm had any professional, vocational or business license denied, suspended, revoked or restricted by any public authority in this or any other state; had such license subjected to monetary fine; or withdrawn any application for, or surrendered such a license to avoid disciplinary action? \_\_\_\_\_ If so, give details (attach extra sheet if necessary).

\_\_\_\_\_

\_\_\_\_\_

16. Have you or any firm which you were a member of ever made a general assignment for the benefit of creditors, been insolvent, or been adjudged a bankrupt? \_\_\_\_\_

17. Are you familiar with the Third Party Administrator Act and the penalties provided for the violations of the Act? \_\_\_\_\_

18. Will you have, on file, a copy of the written agreement between you and any insurer that you are conducting Third Party Administrator work for? \_\_\_\_\_

19. Contact Person's information should questions arise regarding this application.

Contact Person's Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

20. List the name of the licensed TPA entity that your individual license will be associated with: \_\_\_\_\_

\_\_\_\_\_

21. List the insurer or trust you will be working with as a TPA \_\_\_\_\_

\_\_\_\_\_

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## Notary Public

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State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn, state that I have read the within and foregoing application and that the answers supplied to me therein are true and correct to the best of my knowledge and belief and further that I will comply with the Insurance Laws of Oklahoma and the rules of the State Insurance Commissioner in all my conduct under the license.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary Public

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires: \_\_\_\_\_

Fee \$100.00

Ck # \_\_\_\_\_ Amt. \_\_\_\_\_