



OKLAHOMA INSURANCE COMMISSIONER
5 CORPORATE PLAZA, 3625 NW 56TH SUITE 100
OKLAHOMA CITY, OK 73112
(405) 521-3916 www.oid.ok.gov

REINSURANCE INTERMEDIARY – APPLICATION FOR EXEMPTION

The Oklahoma Reinsurance Intermediary Act, Title 36 O.S. § 5101 through § 5113 provides that if a reinsurance intermediary having no office in this state, is properly licensed in another state that has a reinsurance intermediary law substantially similar to the Oklahoma Act, then that organization would be exempt from licensure as such in this state. To apply for this status, please complete the following:

_____ Name of Reinsurance Intermediary	_____ FEIN No.	_____ Telephone No.	_____ Fax No.
_____ Address	_____ City	_____ State and Zip	
_____ Point of Contact	_____ Email Address		

1. The name and address above have been verified and any needed corrections have been made.
Yes _____ **No** _____
2. What is your home state if other than indicated above? _____
3. Have you ever entered into a consent agreement or had any administrative order entered against you by an insurance regulatory agency? **Yes** _____ **No** _____ *If answered with "Yes", please include documents regarding filed consent agreement or administrative order.*
4. Please list all members of the firm or association and any designated employees authorized to act pursuant to the license below. Please attach a separate sheet of paper if needed with the information requested below:

Name:		Title:	
Address:		DOB:	
City, ST & Zip:		SSN:	

_____ Print Name of Authorized Representative	_____ Title of Authorized Representative	_____ Date
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Signature of Authorized Representative: _____

PLEASE RETURN THIS FORM:

Oklahoma Insurance Department
Attn: Licensing Division
5 Corporate Plaza, 3625 NW 56th Suite 100
Oklahoma City, OK 73112

Fax:
405.522.3642
Email:
licensing@oid.ok.gov

Member of firm and designated employees

Name:		Title:	
Address:		DOB:	
City, ST & Zip:		SSN:	

Name:		Title:	
Address:		DOB:	
City, ST & Zip:		SSN:	

Name:		Title:	
Address:		DOB:	
City, ST & Zip:		SSN:	

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Address:		DOB:	
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Address:		DOB:	
City, ST & Zip:		SSN:	

Name:		Title:	
Address:		DOB:	
City, ST & Zip:		SSN:	

MAKE COPIES OF THIS SHEET AS NEEDED