



**OKLAHOMA INSURANCE DEPARTMENT
FINANCIAL DIVISION**

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

APPLICATION FOR CORPORATE LICENSE AS A THIRD PARTY ADMINISTRATOR

1. Is the entity organized as a:

___ Partnership or Limited Liability Partnership **or** ___ Limited Liability Company or Corporation

2. Name: _____ FEIN: _____

3. Business Address: _____
(Street & PO Box No.) (City) (State) (Zip)

3a. Business Mailing address (if different from Business Address above):

(Street No/ PO Box No.) (City) (State) (Zip)

4. Telephone Number (_____) _____ Business Telephone Number (_____) _____

5. Is the corporation organized under the laws of the State of Oklahoma () Yes () No

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

7. A. Does any corporation own any stock in the applicant or is any corporation a partner in the partnership?
_____. If Yes, explain _____

B. Does this corporation/partnership own stock in, or is it a partner in, any other corporation or partnership?
_____. If Yes, explain _____

8. 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or restricted by any public authority in this or any other state; had such license subjected to a monetary fine; or withdrawn any application for, or surrendered such a license to avoid disciplinary action?

If question #8 was answered "yes", give details (attach extra sheets if necessary):

9. Has your firm ever been convicted of any crime of theft, embezzlement, failure to account, or any other irregularities in money translations? () Yes () No

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.

10. State the name of your corporate directors and officers, or names of all partners. (Use a separate sheet if necessary).

| Name | Address | Position |
|-------|---------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

11. List the licensed individual(s) who are authorized to act for the partnership or corporation under the applicant's license.

| Name | Address | Oklahoma TPA License No. |
|-------|---------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

12. Please list the names of the insurers or trust the TPA has or will have an agreement with:

- a. _____
- b. _____
- c. _____

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

Contact Person's Name: _____ Telephone number: _____

Email address: _____

Notary Public

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 sword to before me this _____ day of _____, _____.

My commission expires: _____