Oklahoma ID# _____

INSURANCE COMMISSIONER
STATE OF OKLAHOMA

AGREEMENT AND APPLICATION FOR OKLAHOMA LICENSE

Whereas, the_____, (company) located in the city of _____in the State of_____, hereby applies for license in the State of Oklahoma for the year _____ and agrees, under the signature of its President and Secretary, hereto attached, and the corporate seal of the said Company, that after receiving authority so to do from the Insurance Commissioner of the State of Oklahoma it will transact the lines of business, currently authorized, currently transacting, which the insurer is applying to transact as indicated below. In the State of Oklahoma, in accordance with the provisions of the laws of said State, and will pay such taxes and fees as may at any time be imposed by law or act of the Legislature, upon insurance companies engaged in the business herein enumerated.

IN WITNESS WHEREOF, We have hereto subscribed our names and affixed the corporate seal of the Company, this _____ day of _____, 20_____.

_____, President

_____, Secretary

(Seal)

Referring to Title 36, please check all that apply:

_____ Accident & Health (§703)
_____ Accredited Reinsurer (§5122)
_____ Casualty (§707)
_____ Chiropractic Services (§2691.1)
_____ Dental Services (§2671)
_____ Fraternal (§2727.1)
_____ Health Maintenance Organizations (§6901)
_____ Hospital Services (§2601)
_____ Life (§702)
_____ Lloyds (§3001)
_____ Marine (§705)
_____ Optometric Services (§2651)
_____ Prepaid Dental (§6143)
_____ Property (§704)
_____ Reciprocal (§2901)
_____ Risk Retention (§6454)
_____ Surety (§708)
_____ Surplus Lines (§1101)
_____ Title (§709)
_____ Variable Annuity (§§6061 & 6062)
_____ Variable Life (§§6061 & 6062)
_____ Vehicle (§706)
_____ Workers Compensation (§§608 & 612.2)
_____ Other

Revised 12/09

3625 NW 56th St. Suite 100 ♦ P.O. Box 53408 ♦ Oklahoma City, OK 73112
In State Toll Free 800-522-0071 ♦ (405) 521-3966 ♦ Fax (405) 522-2640