



OKLAHOMA INSURANCE DEPARTMENT
STATE OF OKLAHOMA

COMPANY NAME: _____ FEIN. # _____

Initial DMPO Application Checklist			✓
1	Completed Signed Application	Title 36 O.S. § 1219.4(B)(2)(a)	
2	Payment of Application Fee \$250.00 (\$100 for affiliates of licensed insurers, HMOs, Group Health Service Organizations or Motor Services Clubs)	Title 36 O.S. § 1219.4(B)(2)(b)	
3	Must be a legal entity: Corporation, LLC, Partnership, LP, or other legal entity, and be registered with Oklahoma Secretary of State, and provide a Certificate of Incorporation or Certificate of Organization	Title 36 O.S. § 1219.4(B)(1) Title 18 O.S. § 1130	
4	Must have Internet web site	Title 36 O.S. § 1219.4(B)(7) Title 36 O.S. § 1219.4(L)	
5	Audited financial statements demonstrating at least \$150,000.00 net worth.	Title 36 O.S. § 1219.4(I)(1) O.A.C. 365:10-23-3	
6	Surety Bond w/ OID no less than \$35,000.00 (proof of continuance).	Title 36 O.S. § 1219.4(P)(1)	
7	Copy of agreement between member and DMPO (if any changes)	Title 36 O.S. § 1219.4(H)(1)	
8	Copy of agreement(s) between marketer and DMPO (if any changes)	Title 36 O.S. § 1219.4(M)(2)	
9	Copy of most recent Quarterly Approved Marketer Listing (calendar quarters), must include name, address, phone#, and website of each marketer. If retail DMPO, need list of Independent Contractors. If DMPO solicits membership directly, need statement outlining solicitation process (not a list of employees)	O.A.C. 365:10-23-4	
10	If a foreign entity, provide a current domicile state Certificate of Compliance to verify domicile state registration (no lapse while engaged in advertising, solicitation, collecting of fees or renewal of contracts).	Title 36 O.S. § 1219.4(J)(1-4)	
11	Once registered in Oklahoma, a 30 days advance notice of any changes in the DMPO's name, address, principle business address, or mailing address must be provided to the Department.	Title 36 O.S. § 1219.4(K)	
12	Initial, amended, and corrected form filings must be filed electronically through SERFF. Contact the Department Rate & Form Division at 405-522-3447 if you have questions.	Title 36 O.S. § 1219.4(H)(2)	