

OKLAHOMA INSURANCE DEPARTMENT
3625 NW 56th, STE 100 Oklahoma City, OK 73112-4511
Fax: 405.522.3642 www.licensing.oid.ok.gov



Name Change or Address Change
REQUEST FORM FOR NAME CHANGE
OR STATE TO STATE ADDRESS CHANGE
(Please Print Clearly or Type)

All other address change requests are required to be submitted electronically. View our website www.licensing.oid.ok.gov for detailed instructions.

Licensee: _____ Date _____

Oklahoma License #: _____ Individual SS # or Agency FEIN: _____

Licensee Signature (Required) _____

Contact email address (Required) _____ We will contact you by email if necessary.

A. NAME CHANGE to _____

Attach copy of documents dated within past 30 days. A licensee is required to notify the OID within 30 days of a legal name change. Per [Title 36 O.S. § 1435.8 \(F\)](#); a \$50.00 address violation may be imposed if the OID has not been notified within the required time. **See our website for qualifying documentation: www.licensing.oid.ok.gov**

B. STATE TO STATE ADDRESS CHANGE

Reason for submitting paper request _____

Effective date of move to another state _____

Business Address Mailing Address

Residence Address Mailing Address

Business Phone Number _____ Fax Number _____

Home/Mobile Phone Number _____ Fax Number _____

Business Email Address _____

Personal Email Address _____

The mailing address must be an address the US Post Office recognizes as a valid address where mail can be received for this individual or entity. An actual physical address must be on record as well. PO Box will not be accepted as a Residential or Business Address. Per Oklahoma Statutes, Title 36, the Commissioner is to be notified within thirty (30) days from the actual date of the address change.