



**OKLAHOMA REGIONAL HOME OFFICE (ORHO)
APPLICATION FOR QUALIFICATIONS**

Application is herewith submitted, by and through the undersigned officers, to the Commissioner of Insurance for the State of Oklahoma, in accordance with 36 O. S. § 625.1 for qualification as and Oklahoma Regional Home Office, hereinafter referred to as (ORHO). In substantiation thereof, the following information is furnished:

Name of Company: _____

Home Office: _____

Regional Home Office Address: _____

Representative of ORHO: _____

Title: _____ Local Telephone Number: _____

1. List of states serviced by ORHO: _____

2. Lines of insurance coverage serviced by ORHO: _____

3. The following functions are being performed by ORHO to the extent set forth below (DO NOT ANSWER "YES" OR "NO", but fully describe the degree of actual performance by the ORHO in contrast to, or in comparison with, that of the home office. If more room is needed for any reply, please continue on a separate sheet of paper). Explain fully any lines of business not completely serviced by the ORHO:

Policy Billing: _____

Policy Claims: _____

Policy Administration: _____

Approval or rejection of applications (underwriting): _____

Issuance of policies: _____

Information and service: _____

Other policy related functions: _____

Other: _____

- 4. Specify whether the ORHO building is owned or leased: _____
- 5. Name(s) in which fee simple title rests if building is owned: _____
- 6. Percentage of space and square footage of space occupied by company or companies in relation to total amount of space in building: _____
- 7. Date on which building was first substantially occupied by company or companies: _____

APPLICATION OF CREDIT

- 1. Name of companies in group: _____
- 2. Total number of full-time, year round employees employed by ORHO _____
- 3. Applicable percentage of credit (circle one):
15% 25% 35% 50%
- 4. Total number of employees employed by each company or companies: _____
- 5. Ratio of total employees employed by company to total employees employed by group: _____

State of _____

County of _____

_____ and _____
of the _____ being duly sworn, each for himself/herself deposes and says that they are the above described officers of the said insurer, and that, as of the _____ day of _____, 20____, all of the above answers are a full and true statement of all functions of the Oklahoma Regional Home Office.

(Corporate Seal)

Subscribed and sworn to before me this _____ day of _____, 20____.

Signature

My commission expires on the _____ day of _____, 20____.