

# OKLAHOMA INSURANCE DEPARTMENT

FIVE CORPORATE PLAZA  
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OKLAHOMA CITY, OK 73112



REGULATED INDUSTRY SERVICES  
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GLEN MULREADY  
INSURANCE COMMISSIONER

## Oklahoma MEWA Contact Information Change Form

Use this form to update the physical, mailing and statutory address contact information for the Multiple Employer Welfare Arrangement (MEWA). Any other changes for the MEWA please contact the Regulated Industry Services for additional instructions. Email this completed form to [jeanette.pearce@oid.ok.gov](mailto:jeanette.pearce@oid.ok.gov). If there are any questions please contact Jeanette Pearce at 405-521-6651 or by email.

\*Name of MEWA: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

\*FEIN: \_\_\_\_\_ \*Oklahoma License No: \_\_\_\_\_

\*Physical Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Statutory Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Business Telephone: \_\_\_\_\_ \*Toll Free Number: \_\_\_\_\_

\*Main Email: \_\_\_\_\_ \*Website: \_\_\_\_\_

\*Person to contact regarding MEWA questions: \_\_\_\_\_

\*Telephone: \_\_\_\_\_ \*Email: \_\_\_\_\_

The answers supplied therein are true and correct to the best of my knowledge and belief, and I further state that I recognize the applicable insurance laws of the State of Oklahoma and the rules and regulations of the Oklahoma Insurance Commissioner governing Multiple Employer Welfare Arrangements.

\*Date: \_\_\_\_\_

\_\_\_\_\_  
\*Digital Signature

\_\_\_\_\_  
\*Title