

OKLAHOMA INSURANCE DEPARTMENT

FIVE CORPORATE PLAZA
3625 NW 56TH, SUITE 100
OKLAHOMA CITY, OK 73112



REGULATED INDUSTRY SERVICES
PHONE: 405.521.2828 | OPT.7
WWW.OID.OK.GOV

GLEN MULREADY
INSURANCE COMMISSIONER

Check List for Entity or Individual Third Party Administrator

License Surrender

___ **TPA Surrender Form** – Complete and sign the surrender form

___ **Explanation Letter** – A cover letter on company letterhead stating why the TPA is surrendering its license and what happened to any insurer or fund contracts the TPA may have been administering. Please include the name, OK license number, phone number and address of the company taking over any insurer or fund contracts from the surrendering TPA.

___ **Most Recent Yearly TPA Annual Report or Wavier** – contact me for the annual report year that will be required.

Email or Mail all documentation to:

Oklahoma Insurance Department
Regulated Industry Services Division
3625 NW 56th Street, Suite 100
Oklahoma City, OK 73112

Questions may be directed to Jeanette Pearce, 405-521-6651 or jeanette.pearce@oid.ok.gov.

Date: _____ **Oklahoma TPA License Surrender Form**

Rev. 09/2017

To: **OKLAHOMA INSURANCE DEPARTMENT
ATTN: REGULATED INDUSTRY SVCS DIV
3625 NW 56TH ST STE 100
OKLAHOMA CITY OK 73112**

LICENSEE MUST READ THIS STATEMENT:

The official paper license must be surrendered along with written and signed notice, requesting cancellation of the license by the licensee. TPA license surrender must be signed by an owner, officer or partner of the TPA. In cases where the official paper license is not provided by the Department, is lost or misplaced, please indicate "license lost" or "license misplaced" on the request for license cancellation. In case of an individual licensed TPA's death, official notice posted in the newspaper, a program from the funeral, or a copy of the death certificate must accompany the request for license cancellation.

I have read and understand the above statements. I Voluntarily Surrender my Oklahoma TPA license without threat or duress.

TPA Licensee Name as Shown on the Oklahoma License: **Required, please type or print clearly.**

TPA Licensee Signature and Title if Third Party Administrator Entity Licensee: **Required**

Check One Required	
<input type="checkbox"/>	I am Voluntarily Surrendering my Oklahoma TPA individual license as it is no longer required per Title O.S. 36 § 1450(C)
<input type="checkbox"/>	I am Voluntarily Surrendering my Oklahoma TPA individual license # _____
<input type="checkbox"/>	I am Retiring and Voluntarily Surrendering my Oklahoma individual TPA license # _____
<input type="checkbox"/>	I have moved out of Oklahoma and I am Voluntarily Surrendering my Oklahoma TPA license # _____
<input type="checkbox"/>	I do not wish to renew my Oklahoma individual TPA license # _____
<input type="checkbox"/>	I am advising the Oklahoma Insurance Department of the death of an individual Oklahoma TPA licensee, license # _____
<input type="checkbox"/>	I am Voluntarily Surrendering my Oklahoma TPA entity license # _____
<input type="checkbox"/>	I am selling or closing my business and Voluntarily Surrendering my OK TPA license # _____
<input type="checkbox"/>	I do not wish to renew my Oklahoma entity TPA license # _____
<input type="checkbox"/>	The TPA business entity changed FEIN and I am Surrendering Oklahoma license # _____

Check One Required	
<input type="checkbox"/>	My original Oklahoma paper license is attached to this letter.
<input type="checkbox"/>	My original Oklahoma paper license has been lost or misplaced.
<input type="checkbox"/>	I have included official notice posted in the newspaper, a program from the funeral, or a copy of the death certificate for the Oklahoma licensee.

Licensee address, city, state, zip, and contact phone number: **Please type or print clearly.**

Please contact the Oklahoma Insurance Department at 405-521-6651 if you have questions or concerns.