



**KIM HOLLAND**  
**INSURANCE COMMISSIONER**  
**OKLAHOMA INSURANCE DEPARTMENT**  
2401 N.W. 23rd, Suite 28 (73107) Post Office Box 53408 (73152-3408)  
Oklahoma City, Oklahoma 800.522.0071 or 405.522.4615 Fax 522.6779

**APPLICATION FOR TITLE INSURANCE LICENSE AS A PARTNERSHIP,  
CORPORATION, LIMITED LIABILITY CORPORATION (LLC) OR LIMITED  
LIABILITY PARTNERSHIP (LLP)**

*(CHECK ALL THAT APPLY)*

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Resident     | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Non-Resident | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> LLC          | <input type="checkbox"/> LLP         |

- New (never held a license with the Oklahoma Insurance Department)
- Reinstatement (previously held license number \_\_\_\_\_ and has been inactive less than 2 years)
- Re-license (previously held license number \_\_\_\_\_ and has been inactive more than 2 years)
- Name Change (attach Amended Articles of name change)

**I hereby realize that any intentional misstatement of fact required to be disclosed on this application constitutes a violation of the Insurance Code and shall be cause for refusal or revocation.**  
**PLEASE INITIAL \_\_\_\_\_**

*Please PRINT or TYPE*

1. Applying to be licensed in the \_\_\_\_\_ TRUE NAME or \_\_\_\_\_ TRADE NAME?

Name: \_\_\_\_\_  
If the word "insurance" or "insurer" appears in the name, the word "agent" or "agency" must also appear in the name per Rule 365:25-3-2. Trade names must be filed with the Oklahoma Secretary of State per OKLA. STAT. tit. 36 § 1435.32(E). Must attach proof that trade name has been lawfully registered. Name cannot be misleading per OKLA. STAT. tit. 36 § 620 (B).

2. Physical Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mailing Address: \_\_\_\_\_  
(Street or P.O.) (City) (State) (Zip)

3. Telephone Number: ( ) \_\_\_\_\_ Business Fax Number: ( ) \_\_\_\_\_

Business e-mail address: \_\_\_\_\_

4. The applicant maintains its principal place of business in the city of \_\_\_\_\_,  
(City) (State)

**Resident applicant's principal place of business must be in the State of Oklahoma per OKLA. STAT. tit. 36 § 1424.13(D)**

5. List FEIN NUMBER: \_\_\_\_\_

**INSTRUCTIONS AND FEE SCHEDULE ON PAGE 5**

Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

6. The applicant is a resident of what state? \_\_\_\_\_

7. The applicant is organized under the laws of what state? \_\_\_\_\_

**Resident applicants must be incorporated in the State of Oklahoma per OKLA. STAT. tit. 36 § 1435.32 (D)**

8. If the applicant is a partnership, has a certified copy of the Partnership Agreement from their County Clerk's office been attached? YES \_\_\_\_\_ NO \_\_\_\_\_

\*If no, has a copy of the Oklahoma Security of State's Certificate of Qualification been attached? YES \_\_\_\_\_ NO \_\_\_\_\_

9. What is the business purpose as stated in the applicant's Certificate of Incorporation, Partnership Agreement and Certificate of Qualification? \_\_\_\_\_

\_\_\_\_\_

**FOR NON-RESIDENTS ONLY**

10. Is the applicant's original, current (dated within the last 6 months) certification from their home state Insurance Department attached? OKLA. STAT. tit. 36 § 1435.24(B) YES \_\_\_\_\_ NO \_\_\_\_\_

A. Does any entity own any stock in or is any entity a partner in the non-resident applicant? YES \_\_\_\_\_ NO \_\_\_\_\_

\*If yes, list the name of the owning entity. \_\_\_\_\_

\*Explain the relationship of the owning entity to the non-resident applicant.

\_\_\_\_\_

B. If the applicant has never held an Oklahoma non-resident license before, complete the following Service of Process Designation section below and enclose a one-time fee of Twenty Dollars (\$20.00). OKLA. STAT. tit. 36 § 1435.24 (C)

**DESIGNATION OF INSURANCE COMMISSIONER AS AGENT FOR SERVICE OF PROCESS**

I designate the Insurance Commissioner of the State of Oklahoma as the person upon whom may be served all lawful process in any action, suit or proceeding instituted by or on behalf of any interested person arising out of my insurance business in the State of Oklahoma.

This designation shall constitute an agreement that such service of process is of the same legal force and validity as personal service of process in the State of Oklahoma upon me. This designation further authorizes the Insurance Commissioner of the State of Oklahoma to forward any such process to me at my last "residence" address as it appears in the Oklahoma Insurance Commissioner's records. I understand that a failure to accept any such process shall subject my license to administrative action by the Oklahoma Insurance Commissioner.

Dated this: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ .

\_\_\_\_\_  
Name of Applicant or Partner

By \_\_\_\_\_  
Signature of Applicant's Officer or Partner

\_\_\_\_\_  
\_\_\_\_\_

13. List the names of the applicant's directors and officers. (Use a separate sheet if necessary)

Last Name	First Name	Address	City	State	Position	SSN
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A. List the names of all general partners. (Use a separate sheet if necessary)

\*Each general partner and each other individual acting for the partnership must hold a license with the Oklahoma Insurance Department. OKLA. STAT. tit. § 36 1435.32(B)

Last Name	First Name	Address	City	State	OK license Number	Type of Coverage
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14. List the licensed individual(s) authorized to act for the applicant under the applicant's license. A non-resident of this state shall only be named in a license for a resident insurance agency as a non-resident agent. OKLA. STAT. tit. § 36 1435.32(C)

Last Name	First Name	Address	City	State	OK license Number	Type of Coverage
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15. Has the applicant or any of its employees, directors, and officers ever had their insurance license suspended, revoked, refused, or terminated by any state insurance department? YES \_\_\_\_\_ NO \_\_\_\_\_

OKLA. STAT. tit 36 § 1435.32 (G)

\*If yes, give details on a separate sheet, attach any order issued and label it Question 15.

A. If yes, does any individual, whose insurance agent license has been revoked by the Oklahoma Insurance Department, own stock in the applicant? YES \_\_\_\_\_ NO \_\_\_\_\_

B. If yes, does any individual, whose insurance agent license has been revoked by the Oklahoma Insurance Department, have a direct or indirect majority interest in a corporation or partnership who owns stock in the applicant? YES \_\_\_\_\_ NO \_\_\_\_\_

16. Have the authorities of any state called the applicant or any of its employees, directors, and officers before them for any alleged violation(s) of insurance laws? YES \_\_\_\_\_ NO \_\_\_\_\_

\*If yes, give details on a separate sheet, attach any order issued and label it Question 16.

17. Has the applicant or any of its employees, directors or officers ever entered a consent order with any state insurance authority? YES \_\_\_\_\_ NO \_\_\_\_\_

\*If yes, give details on a separate sheet, attach any order issued and label it Question 17.

18. Have any of the applicant's employees, directors, or officers ever been convicted of, pled guilty or nolo contendere to: OKLA. STAT. tit. § 36 1435.13(A)(2)(4)(6)

- A. Any felony? YES \_\_\_\_\_ NO \_\_\_\_\_
- B. An offense involving misappropriation of money or assets? YES \_\_\_\_\_ NO \_\_\_\_\_
- C. Violating any laws for acts arising out of any insurance transaction? YES \_\_\_\_\_ NO \_\_\_\_\_

\*If yes to A, B, and/or C, give details on a separate sheet, attach a Certified Copy of Final Judgment and Sentencing and label it Question 18.

19. Do you understand that you are required by law to notify the Insurance Department of all changes among its members, directors, officers, and all other individuals designated in the license within fifteen (15) days of the change? OKLA. STAT. tit. § 36 1435.32(F) YES \_\_\_\_\_ NO \_\_\_\_\_

20. Do you understand that you are required to notify the Insurance Department of all changes of an address by an individual or entity within thirty (30) days of the change? YES \_\_\_\_\_ NO \_\_\_\_\_

21. Please provide your (if applicable):

Abstractor's Certificate of Authority Number: \_\_\_\_\_

A. Has any person listed on this application ever had their abstractor's license in any state revoked, suspended or censured? YES \_\_\_\_\_ NO \_\_\_\_\_

Oklahoma Bar Association Number: \_\_\_\_\_

B. Has any person listed on this application ever had their law license in any state revoked, suspended or censured? YES \_\_\_\_\_ NO \_\_\_\_\_

\* If yes to A and/or B, give details on a separate sheet, attach any order issued and label it 21.

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**NOTARY PUBLIC**

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I, \_\_\_\_\_, being first duly sworn, state that I have read the within and foregoing application and the answers supplied by me therein are true and correct to the best of my knowledge and belief and further that I will comply with the Insurance Laws of Oklahoma and the Rules of the State Insurance Commissioner in all my conduct under the license, and I will write and receive commissions for the sale of only such insurance for which I am licensed to sell. I hereby realize that an intentional misstatement of fact required to be disclosed on this application constitutes a violation of the Insurance Code and shall be cause for refusal or revocation of this license.

STATE OF \_\_\_\_\_

\_\_\_\_\_  
Signature of Officer or Partner

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_

(seal)

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**COMPANY ENDORSEMENT**

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To the State Insurance Commissioner of Oklahoma:

I have read the answers of the partnership or corporation applicant named herein. I have further investigated the character and background of the individuals appointed by my company to work for the applicant and am satisfied that the applicant and those to act for it are trustworthy and qualified to represent our company in the State of Oklahoma.

On behalf of my company, I agree that: At termination of services of applicant for whom this license is requested, I agree to furnish the State Insurance Commissioner by written notice, a full statement as to the circumstances causing such termination.

Company \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Address \_\_\_\_\_

\_\_\_\_\_  
Print Name

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## INSTRUCTIONS

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***\*ALL APPLICANTS MUST SUBMIT A TR-3 form and a TR-11 form \****

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**RESIDENT CORPORATION** license: Submit to the Oklahoma Insurance Department the Certificate of Incorporation and Articles of Incorporation and any supporting documents as requested on the TR-3

**RESIDENT PARTNERSHIP** license: Submit the certified Partnership Agreement (request a certified copy from the applicant's County Clerk's office) and any other supporting documents as requested on the TR-3.

**NON-RESIDENT CORPORATION** license: Submit the Oklahoma Secretary of State's Certificate of Qualification (405) 521-3911, the current (dated within the last 6 months) certified copy or copies of Certificate of Incorporation for applicant and any subsidiary or affiliate of the applicant from the Secretary of State of the applicant, subsidiary or affiliate, a current (dated within the last 6 months) original home state letter of certification and any supporting documents requested on the TR-3.

**FOREIGN LLC** license: Submit application for Restoration from the Secretary of State instead of the Certificate of Qualification.

**NON-RESIDENT PARTNERSHIP** license: Submit the certified Partnership Agreement, original home state letter of certification, and any supporting documents requested on the TR-3.

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## BIENNIAL FEE SCHEDULE

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OKLA. STAT. tit. 36 § 1435.23

All fees are by law deemed Earned and Shall **NOT BE REFUNDABLE** OKLA. STAT. tit. 36 § 1435.39

<input type="checkbox"/> License _____	\$60.00
<input type="checkbox"/> Review of Agency Articles of Incorporation _____	\$20.00
<input type="checkbox"/> Company Appointment _____	\$40.00
<b>NON-RESIDENTS</b> (Service of Process is a one-time filing fee)	
<input type="checkbox"/> Designation of Insurance Commissioner as Agent for Service of Process _____	\$20.00

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**NOTE: THE SECRETARY OF STATE'S OFFICE REQUIRES THAT THE DEPARTMENT OF INSURANCE FIRST REVIEW AND APPROVE ALL DOCUMENTS BEFORE THEY DO**

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