

OKLAHOMA INSURANCE DEPARTMENT APPOINTMENT RENEWAL INVOICE LIST REQUEST

The appointment renewal invoice list will be provided via **E-mail** in **Microsoft Excel** format. The list will only include the licensee's **name and expiration date of the appointment**.

Fax list request to 405-522-3642.

Please be advised, list requests may take 5-10 business days to process in most cases.

Contact Information			
Name: REQUIRED	Attention: REQUIRED		
Mailing Address: REQUIRED			
City: REQUIRED	State: REQUIRED	Zip: REQUIRED	
Telephone #: REQUIRED	Email Address: REQUIRED	Date: REQUIRED	
Print Requestor's Name: REQUIRED	Requestor's Signature: REQUIRED		

LISTING OF LICENSEE APPOINTMENT RENEWALS BY COMPANY FOR CURRENT YEAR

My company appointment renewal invoice # _____ is:

Required

(**REQUIRED, Mark One**) **Paid** **Not Paid**

Enter the NAIC 5 digit company code *REQUIRED* and insurance company name for the company to be included in your list. Only one insurance company list may be requested on this form.	
NAIC # *REQUIRED*	Insurance Company Name

Questions: listrequest@oid.ok.gov