

RRG Company Name \_\_\_\_\_ NAIC Code.

Date of Incorporation \_\_\_\_\_ Form of Organization \_\_\_\_\_ FEIN \_\_\_\_\_

### **CONTACT NOTIFICATION FORM**

Please provide this informational filing in conjunction with your RRG registration request or contact change request to the Oklahoma Insurance Department for applicable company contacts per the list below.

**Claim Information Contact -- Public contact for claim information.**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Consumer Assistance Contact -- Public or state departments contact.**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Policyholder Information Contact -- Public contact.**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Producer Licensing/Appointment Contact -- State department contact relating to licensing or appointments of agents.**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Policy Form Filing Contact -- State department contact relating to policy form filing issues.**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Annual Statement Contact -- State department contact relating to questions in the completion of the annual statement.**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Company Mailing Contact -- The mailing address of the company.**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Company Administrative Office Contact -- The administrative address of the company.**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Company Statutory Home Office Contact -- The Statutory address of the company.**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Note: Please attach a separate sheet with any additional contacts you wish to provide to Oklahoma.**

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date of Preparation

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title of Preparer

\_\_\_\_\_  
Phone Number of Preparer

\_\_\_\_\_  
E-Mail Address of Preparer