

Surplus Lines Company Name \_\_\_\_\_ NAIC Code. \_\_\_\_\_  
Date Incorporated: \_\_\_\_\_ FEIN: \_\_\_\_\_ Alien ISI Number: \_\_\_\_\_

**CONTACT NOTIFICATION FORM**

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

<b>Company Mailing Address</b> -- <i>The mailing address of the company.</i>	
Contact Name: _____	Title: _____
Address: _____	
Phone # _____	Fax # _____ E-Mail Address: _____
<b>Administrative Office in Domestic/Foreign State</b> -- <i>Public or state departments contact.</i>	
Contact Name: _____	Title: _____
Address: _____	
Phone # _____	Fax # _____ E-Mail Address: _____
<b>Statutory Home Office Contact</b> -- <i>Public or state departments contact.</i>	
Contact Name: _____	Title: _____
Address: _____	
Phone # _____	Fax # _____ E-Mail Address: _____
<b>Consumer Assistance/Complaints Contact</b> -- <i>State contact for claim information.</i>	
Contact Name: _____	Title: _____
Address: _____	
Phone # _____	Fax # _____ E-Mail Address: _____
<b>Policyholder Information Contact</b> -- <i>Public contact.</i>	
Contact Name: _____	Title: _____
Address: _____	
Phone # _____	Fax # _____ E-Mail Address: _____
<b>Annual Renewal Contact</b> -- <i>State department contact relating to questions in the completion of the annual renewal.</i>	
Contact Name: _____	Title: _____
Address: _____	
Phone # _____	Fax # _____ E-Mail Address: _____
<b>Fraud Assessment Invoice Contact</b> -- <i>State department contact relating to payment of the annual Fraud Assessment.</i>	
Contact Name: _____	Title: _____
Address: _____	
Phone # _____	Fax # _____ E-Mail Address: _____
<b>U.S. Legal Counsel (for aliens)</b> -- <i>State department contact relating to legal issues.</i>	
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