



OKLAHOMA INSURANCE DEPARTMENT

400 NE 50th Street
Oklahoma City, OK 73105 405.521.2828
oid.ok.gov

Regulated Industry Services Address and/or Contact Change Request

Complete this form to request a name, address or contact change for an entity licensed or registered in the Regulated Industry Services Division of the Oklahoma Insurance Department. You may upload the completed form to the most recent application filing you submitted via OPTins (*no additional fees required*) or email the completed form to RIS@oid.ok.gov.

*Notice - A Specialist will email the primary contact if additional information is required for your license/registration/permit type depending on your answers in this form.
Complete each field or write NA if not applicable, incomplete forms will be denied.*

Section 1 – Existing License/Registration information

FEIN: _____ Has the FEIN Changed? Yes ___ or No ___

Entity’s Legal Name as it appears on the license/registration _____

License/registration/permit type _____ and number _____

Section 2 – Entity Legal Name

Has the legal name, DBA or assumed name changed? Yes ___ or No ___ If yes, complete this section:

New Legal Name _____

DBA or Trade Name(s) _____

Date the change occurred or became effective _____

Additional information will be required depending on your license type. A Specialist will contact you via email to provide additional instructions or request additional documents.

Section 3 – Addresses

Business _____ City _____ St _____ Zip _____

Mailing _____ City _____ St _____ Zip _____

Statutory Home Office _____ City _____ St _____ Zip _____

Administrative Office _____ City _____ St _____ Zip _____

Date the change occurred or became effective _____



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Section 4 – Primary Contact

Primary Contact Name & Title _____

Primary Phone # _____ Primary Email _____

Date the change occurred or became effective _____

Disclosure – The primary contact is the individual that will receive communication from RIS regarding notices, letters, and announcements. The OPTins filer is the individual that will receive communication regarding a particular application which was submitted via OPTins. Be cautious who you list as the primary contact and OPTins filer.

Section 5 - Consumer Complaints Contact Information

Entity Name _____

Contact Person _____ Title _____

Mailing _____ City _____ St _____ Zip _____

Phone # _____ Email _____

Section 6 - Attestation

By signing the below, I swear under penalties provided by the laws of Oklahoma, that I am authorized to submit this change request on behalf of the applicant, that the information provided in this request is complete, true, and correct to the best of my knowledge, in connection with the Oklahoma registration and license requirements.

Authorized Officer's Name & Title _____

Authorized Officer's Signature _____ Date _____