



# OKLAHOMA INSURANCE DEPARTMENT

400 NE 50<sup>th</sup> Street  
Oklahoma City, OK 73105

405.521.2828  
oid.ok.gov

## Activity Attestation Disclosure Form

Disclose production in Oklahoma during a period when the entity was not licensed/registered/permitted in accordance with Oklahoma laws. Refer to the RIS webpage for statute and Oklahoma Administrative Code references per entity type. This form is used for many different license types.

### Section 1 – PREVIOUS license/permit/registration information

Date Submitted: \_\_\_\_\_ License/Permit/Registration #: \_\_\_\_\_

Entity legal name: \_\_\_\_\_ FEIN: \_\_\_\_\_

Select the entity type:

- |                                   |                             |   |
|-----------------------------------|-----------------------------|---|
| Cemetery Merchandise Trust        | Home Service Cont. Provider | Viatical Settlement Provider (VSP)        |
| Service Warranty Association      | Motor Service Club          | Purchasing Groups                         |
| Prepaid Funeral Benefit           | Third Party Adm. (TPA)      | Discount Medical Plan Org (DMPO)          |
| Professional Employer Org (PEO)   | Perpetual Care Cemeteries   | Vehicle Protection Product Warranty (VPP) |
| Multiple Emp. Welfare Arr. (MEWA) |                             |   |

### Section 2 – Instructions

The RIS Specialist for your entity type sent an email with instructions on how to complete the Activity Attestation Form to the OPTins filer. The email provided the requested *Disclosure Period* and described the *product*. Contact the RIS Specialist should you need assistance in completing this form accurately. You may also send an email request for assistance to [RIS@oid.ok.gov](mailto:RIS@oid.ok.gov).

“**Products**” is used in this form to describe the item your entity type offers and is required to hold an active license/permit/registration for in Oklahoma.

“**Disclosure Period**” is the time frame when the entity did not hold an active license/permit/registration in Oklahoma during which they may have conducted business in our state.

Link: <https://www.oid.ok.gov/regulated-entities/regulated-industry-services/>

### Section 3 – Disclosure

Enter the provided Disclosure Period beginning date \_\_\_\_\_ through ending date \_\_\_\_\_.

**Instructions - Disclose all OKLAHOMA products offered during the Disclosure Period for the entity type identified in Section 1.**

- Did the entity conduct any business in Oklahoma which required license/permit/registration with the OID during the *Disclosure Period*? Yes \_\_\_ or No \_\_\_
- If yes, provide the quantity of *products* offered in Oklahoma during the Disclosure Period. Write N/A if the request is not applicable for your entity type then provide a detailed explanation.

\_\_\_\_\_ # count of \_\_\_\_\_ (product)

\_\_\_\_\_ \$ amount of \_\_\_\_\_ (product)



# OKLAHOMA INSURANCE DEPARTMENT

400 NE 50<sup>th</sup> Street  
Oklahoma City, OK 73105

405.521.2828  
oid.ok.gov

Detailed explanation:

## Section 10 - Attestation

By signing the below, I swear under penalties provided by the laws of Oklahoma, that I am authorized to submit this form on behalf of the entity, that the information provided in this form is complete, true, and correct to the best of my knowledge.

Authorized Officer's Name & Title \_\_\_\_\_

Authorized Officer's Signature \_\_\_\_\_ Date: \_\_\_\_\_