WORKERS' COMPENSATION COMMISSION
1915 NORTH STILES AVE
OKLAHOMA CITY, OK 73105
405-522-3222

This space for Commission Use only

CC-FORM-7
DESIGNATION OF SERVICE AGENT

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony punishable by imprisonment, a fine, or both.

The following entities must designate a single agent for service of notice by filing this Designation of Service Agent form with the Commission: insurance carriers; individual own-risk employers; group self-insurance associations; and qualified employers.

Consistent with Workers' Compensation Commission Rule 810:10-1-11, once a claim for compensation (CC-Form-3, CC-Form-3A or CC-Form-3B) is filed, the Commission will send all notices and correspondence to the designated agent, until an entry of appearance or a notice of substitution of attorney is filed as provided in Commission Rules 810:10-1-10 or -11.

The following information is required and must be amended whenever a change of service agent is made.

Please check (☑) the appropriate box below:

☐ Carrier ☐ Individual Own Risk Employer ☐ Group Self-Insurance Association ☐ Qualified Employer

(If this service agent designation applies to the entity's subsidiaries, attach a list of the applicable subsidiaries, including addresses.)

Entity Name _____ Entity Phone Number _____

Name of contact person _____ Contact Email _____

Home Office Mailing Address _____ City _____ State _____ Zip _____

Street Address (if different): _____ City _____ State _____ Zip _____

Designated Service Agent Information:

Agent Name _____ Agent Phone Number _____

Name of contact person if the service agent is a business _____ Agent Email _____

Home Office Mailing Address _____ City _____ State _____ Zip _____

Street Address (if different): _____ City _____ State _____ Zip _____

Signature of Entity Representative _____ Printed Name of Entity Representative _____

Date Signed _____ Title of Entity Representative _____