

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 and/or affiliates, 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