

# State of Oklahoma



Oklahoma Insurance Department  
3625 NW 56th Street, Suite 100  
Oklahoma City, Oklahoma 73112

*This is to confirm that the following employee has demonstrated compliance with the requirements to be a Qualified Employer under the Oklahoma Employee Injury Benefit Act, 5A O.S. § 2-10 et seq.*

Company Name:

Address:

Oklahoma Identification Number:

Expiration Date:

IN TESTIMONY WHEREOF, I have hereunto set my Hand and affixed the Official Seal of the Insurance Commissioner at the City of Oklahoma City, State of Oklahoma, this 1st day of February, 2014.



Handwritten signature of John D. Doak in black ink.

**John D. Doak**  
Insurance Commissioner