



Department of Consumer & Business Services

Insurance Division — 4

P.O. Box 14480, Salem, OR 97309-0405
Phone: 503-947-7982, Fax: 503-378-4351
350 Winter St. NE, Salem, Oregon
insurance.oregon.gov

Application for Amended Certificate of Authority

- Indicate type of amendment:
[ ] Name change, effective date:
[ ] Add classes
[ ] Delete classes
[ ] Change of domicile, effective date:

Pursuant to the Oregon Insurance Code, the undersigned corporation hereby applies for an amended certificate of authority to transact insurance in the state of Oregon, and for that purpose submits the following:

1. Name of applicant:

\*If name change, state former name:

\*A certified copy of the amendment of the articles of incorporation reflecting the change must accompany application.

2. Statutory home address:
Street address City State ZIP Phone

3. Principal office address:
Street address City State ZIP Phone

4. Mailing address:
Street address City State ZIP Phone

5. Application contact person: Phone:

- 6. Type of organization:
[ ] Stock insurer [ ] Fraternal benefit society
[ ] Mutual insurer [ ] Other

Incorporated on Date under the laws of Jurisdiction

7. Certificate of insurance supervisory official of applicant's domiciliary jurisdiction to the effect that applicant is in good standing therein (foreign or alien insurers).

8. Classes of insurance to be authorized on amended certificate of authority (as defined in code). Check all classes to be on certificate:

- [ ] Property [ ] Life
[ ] Casualty, including workers' compensation [ ] Health
[ ] Casualty, excluding workers' compensation [ ] Mortgage (only)
[ ] Marine and transportation [ ] Title (only)
[ ] Surety [ ] Other

9. Retaliatory statement outlining the current security deposit, fee, seasoning, or other requirements that would be imposed on a like Oregon company. **A retaliatory statement is not required if only changing a name. Must be submitted directly to this division by the insurance supervisory official of applicant's domiciliary jurisdiction.**
10. Securities or other eligible assets under the Oregon Insurance Code that will be deposited with the Oregon State Treasurer. (Deposits are maintained at United States National Bank of Oregon.) Should not be submitted until notification of approval for amendment has been received by company.

**Class of insurance**

- Surety
- Workers' compensation

**Statutory minimum market value**

- \$260,000
- \$110,000 (initially)

11. Return original Oregon certificate of authority for cancellation.

**Affidavit**

We, \_\_\_\_\_ president, and \_\_\_\_\_ secretary, certify that we are officers of the corporation named in the foregoing application, that we know the contents thereof, and each of the statements and answers made is true and complete to the best of our knowledge and belief.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of president

(Corporate seal)

\_\_\_\_\_  
Signature of secretary