



Department of Consumer and Business Services

Insurance Division — 2

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**Report of Prompt  
Payment Data**

Filing for each calendar year due by March 1 of the following year, in accordance with OAR 836-080-0085.

Report for calendar year: \_\_\_\_\_

Company name: \_\_\_\_\_

Street address or P.O. Box: \_\_\_\_\_

City, state, ZIP: \_\_\_\_\_

Name of contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Oregon certificate of authority number: \_\_\_\_\_ NAIC number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ NAIC number: \_\_\_\_\_

1. Number of claims for which final disposition was made during the calendar year: \_\_\_\_\_
2. Number of claims included in Line 1 for which the final disposition was later than 30 days from the date on which the claim was received: \_\_\_\_\_
3. Required data file on CD is enclosed.  
The data file must include a population list for the claims described in Line 2.  
See below for information on preparation and format of the CD data file.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Preparation and format of the data file*

The file will be used on an IBM-compatible computer. The file should contain fixed-length records.

Provide files in one of the following formats:

- ASCII flat, fixed-length files (preferred)
- dBase 3 or dBase 4
- rich-text format (RTF)

All records must be in flat-file format; stacked records are not acceptable.

Use the following record layout when creating the data file:

Field name	Start	Length*	Type	Description
Claim number	1	15	A	Claim number
Date received	16	8	N	Date received (CCYYMMDD)

\*Length may be modified. If modified, submit new record layout with disk.

Questions? Call Market Surveillance, 503-947-7268

