



Department of Consumer & Business Services  
**Insurance Division – 4**  
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**Appointment of  
Insurance Commissioner  
for Legal Service**

**Use this form only if applying as a discount medical plan organization.**

I, \_\_\_\_\_ of \_\_\_\_\_  
(Officer or owner) (Name of firm or corporation)

do hereby designate and appoint the Insurance Commissioner of the State of Oregon as our lawful Attorney in Fact, upon whom all legal process and summons against the firm or corporation may be served in any action, suit or proceeding in any of the courts of justice of the State of Oregon, or any of the United States courts therein, necessary to give said courts complete jurisdiction of the said firm or corporation; and I further stipulate and agree that any legal process or summons which is served upon the Insurance Commissioner for the State of Oregon shall be taken and held in said courts to be valid and binding upon the firm or corporation and that this appointment shall continue in force so long as any liability of the firm or corporation remains outstanding in the State of Oregon.

In witness whereof, I have set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of officer or owner)